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This annotated bibliography, the second in the series of four, pertains to the inservice training of allied professionals and nonprofessionals for community mental health. The period of emphasis is 1960-1967. Materials citing experiences of formal community health centers are included. Also included are references on inservice mental health training for professionals and nonprofessionals who work in community settings other than mental health centers. A few references on roles are included because of their relevance to job descriptions and training objectives. (author/nl)

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annotated bibliography on
INSERVICE TRAINING
FOR ALLIED PROFESSIONALS and NONPROFESSIONALS IN COMMUNITY MENTAL HEALTH

AC002928

A series of four annotated bibliographies has been developed under the direction of the Community Mental Health Centers Staffing Branch, N.I.M.H. The first two pertain to literature on inservice training of key professionals, allied professionals, and nonprofessionals in the community approach to mental health. The third consists of references on inservice mental health training for employees of residential treatment facilities. The fourth presents selected references on training methodology and should be useful to training directors of health service programs, as well as to educators in the health professions.

The purpose of these four annotated bibliographies is to make relevant information readily available to the many groups who are now preparing or revising inservice programs of training in our community mental health centers and to other health service groups, as well as to the formal training program planners in two- and four-year colleges.

AN ANNOTATED BIBLIOGRAPHY ON INSERVICE TRAINING FOR ALLIED PROFESSIONALS AND NONPROFESSIONALS IN COMMUNITY MENTAL HEALTH

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTE OF MENTAL HEALTH
COMMUNITY MENTAL HEALTH CENTERS STAFFING BRANCH

INTRODUCTORY STATEMENT

This annotated bibliography, the second in the series of four, pertains to the inservice training of allied professionals and nonprofessionals for community mental health. The period of emphasis is 1960-1967. Periodical literature is cited through August 1967. Coverage is inclusive but not exhaustive.

Materials citing experiences of formal community mental health centers are included. Also included are references on inservice mental health training for professionals and nonprofessionals who work in community settings other than mental health centers. A few references on roles are included because of their relevance to job descriptions and training objectives.

Some of the annotations are authorized verbatim citations of abstracts from other publications. When this is the case, the source is indicated in parentheses after the abstract.

Individuals and organizations too numerous to mention here have helped in the compilation of this bibliography, and their assistance is gratefully acknowledged. Consultants for the project were: Miss Marguerite Termini, Psychiatric Nurse Consultant, University of Delaware, Newark; and Miss Dorothy Schroeder, Professor of Social Work, University of Michigan, Ann Arbor.

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GENERAL BACKGROUND

LIBO, LESTER M. Training the community-minded mental health worker. IN Proceedings, Regional Conference, Norman, Oklahoma, October 21-24, 1963 (sponsored by the National Institute of Mental Health and the University of Oklahoma). pp. 55-58.

Better communication between a university and mental health agencies can be encouraged by the following undertakings: joint appointments; university training programs in community mental health; interagency and interdiscipline research, training, and service projects; research utilization conferences; community caretakers' participation in training programs; agency and university personnel acting as community consultants to strategic allied professions; community mental health advisory boards; involving community groups in volunteer services to agencies and institutions; involving local groups in community surveys on mental health needs and resources (with implications for training); orientation tours and exchange visits; sabbatical leaves; traineeships in comprehensive community mental health for new professional workers. (1)

NATIONAL ADVISORY HEALTH COUNCIL. ALLIED HEALTH PROFESSIONS EDUCATION SUBCOMMITTEE. Education for the allied health professions and services (Public Health Service Publ. No. 1600). Washington: U. S. Govt. Print. Off., 1967. 61 pp.

At the request of the Surgeon General, the Subcommittee reviewed the current situation in education for allied health professions and services and presents here their findings with respect to manpower supply and needs, educational patterns, and availability of educational opportunity. Professions and services mentioned in the body of the report or in tables are: medical technology, laboratory technologist and technician, medical record library technicians and assistants, radiological technology, cytotechnology, inhalation therapy technician, surgical technician, medical office assistant, dental assistant and technician, occupational therapy, physical therapy, speech therapy, recreation therapist, practical nurse, dietitian and assistant, orthoptic technologist and technician, psychiatric aide, operating room assistant, dispensing optician, food service supervisor, podiatrist, physician, optometrist, dentist, veterinarian, social worker, nurse--R.N., audiologist, clinical psychologist, rehabilitation counselor, and speech pathologist. Chapters are: I. Summary and Recommendations; II. Health Manpower Supply and Needs; III. Education and Training for the Allied Health Occupations; IV. The Output of Educational Programs (distribution of educational programs; distribution of graduates; annual graduates in relation to young people, to total population, and to hospital beds; and needs for new programs). Appendices are: A. Summary of Aid Available Under Allied Health Professions Personnel Training Act of 1966. B. Annotated Bibliography of State Reports on Allied Health Manpower. C. Universities with Schools of Allied Health Professions; and D. Tables (graduates of selected programs by geographic division and state, 1965). There is a 68-item bibliography. (2)

NIMH Continuing Education Program. Mental Health Digest (National Clearinghouse for Mental Health Information). August 1967. p. 32.

The Continuing Education Branch, Division of Manpower and Training Programs (National Institute of Mental Health), has expanded its training program to include all kinds of mental health personnel. Projects are planed to support not only psychiatric training for physicians, but also to provide multidiscipline mental health training for staffs of entire hospitals or clinics, to add to or update skills of professional and nonprofessional workers, and to increase the quantity and quality of continuing education programs. Any public or private nonprofit institution may request assistance under this program--hospitals, community mental health centers, professional organizations, state or community agencies, and colleges and universities. (3)

CONSULTATION AND TRAINING, MULTIDISCIPLINE

ALTROCCHI, JOHN, CHARLES D. SPIELBERGER, and CARL EISDORFER. Mental health consultation with groups. Community Mental Health Journal 1:2, Summer 1965. pp. 127-134.

"A case-seminar method of group mental health consultation is presented and differentiated from group supervision, seminar teaching, sensitivity training, and group psychotherapy." The authors have consulted with public health nurses, ministers, welfare caseworkers, probation officers, policemen, public housing authority personnel, elementary and secondary school teachers, principals, school guidance counselors, and school speech therapists. "The group consultant employs roles and techniques of a teacher, a group leader, a clinician, and a communication facilitator. Analysis of the process of group consultation suggests that several phases are discernable and that each phase offers opportunities for fruitful, problem-solving discussions of the personal reactions of clients and consultees." This method differs from Dr. Gerald Caplan's approach to mental health consultation with individual consultees. (Community Mental Health Journal, Edited) (4)

BELLAK, LEOPOLD. The comprehensive community psychiatry program at City Hospital. IN Bellak, Leopold (ed.). Handbook of community psychiatry and community mental health. New York: Grune & Stratton, 1964. pp. 144-165.

The psychiatric program at City Hospital in Elmhurst includes seminars for lawyers, detectives, teachers, general practitioners, and chaplains of all faiths. Presentation and discussion of actual cases have been found useful. An attempt is made to impart an understanding of the dynamics of interpersonal relationships. The seminar for lawyers is developed on the thesis that the greater an attorney's understanding of his emotional relationship with his client and of the psychological issues of a particular case the more efficiently he can discharge his professional function. (5)

BOONE, D. and F. V. MANNING. Cooperative community efforts in mental health. Public Health Reports 80:3, March 1965. pp. 189-193.

The Mental Health Study Center of the Public Health Service is a demonstration project that has attempted to apply mental health principles and practices by participating with a number of other community agencies functioning in a variety of areas. Because mental health needs are greater than clinics alone can meet, it is hoped that other centers will be stimulated to similar experimentation in search of a more comprehensive approach to enhancing the development of healthy personalities and prevention of mental illness. In family life education, clinic staff members have established a twofold relationship with a parent education program: (1) collaborating with the director of the program in gathering data on the characteristics of participating parents; and (2) providing consultation on the selection and training of lay leaders. Treatment services are limited in order to conduct studies on specific therapeutic techniques, investigate special problem areas, and conduct studies related to the effect of clinic policy on patient clientele. A policy was developed to provide service--consultation and collaboration--to professionals as major referral and helping resources. Collaboration with school officials led to a three-year pilot program for nonachieving children. Because of staff concern over the lack of readily available current information about specific social and psychiatric outpatient resources available to the community, a collaborative pilot study of such resources with the local health and welfare council was established. Another collaborative effort concerns an investigation of the effect of an in-service training program in mental health for public health nurses from the local health department. (Abstracts for Social Workers) (6)

DUVAL, ADDISON M. The Georgia state story. Mental Hospitals 14:11, November 1963. pp. 578-581.

Georgia's growing mental health program includes developments in education and training. The Community Mental Health Service trains public health nurses to prepare them to give discharged patients adequate aftercare. The Alcoholic Rehabilitation Service educates physicians, clergymen, public health workers, and social workers; it reaches lay persons by having its staff members speak to lay, as well as professional, groups. One of its alcoholic clinics helps local groups to set up their own programs; the local group's employees work with the clinic's own staff as a means of training. (7)

EPPS, ROBERT L., ROBERT H. BARNES, and THOMAS S. McPARTLAND. A community concern: experiences with management of major mental illness in the community. Springfield, Ill.: Charles C. Thomas Publishers, 1965. 203 pp.

A community mental health center in Kansas City is described. Part I, An Historical and Structural Overview, includes chapters on its missions and means, community needs and community backing, development of design, and functional relationships among adult services. Part II, Operational Realities, concerns the concept of mental illness, therapeutic goals, the social system of the ward, personnel roles, and the utilization of psychotherapy. Part III, Coordinate Concerns, discusses the Department of Child Psychiatry, training, and the Department of Prevention. There is an extensive training program for various levels of the medical profession--nurses, psychologists, social workers, researchers, psychiatric aides, general practitioners--and police officers. Seminars and group sessions are the most widely used methods. (8)

FORBES, JOHN L. The Dorchester Inservice Training and Consultation Project. IN The mental health role of settlement and community centers (proceedings of a conference held at Swampscott, Mass., October 23-25, 1963). Boston, Mass.: The Massachusetts Department of Mental Health, 1964. pp. 52-58.

This presentation recounts how seven community agencies set up a joint mental health workshop for their executives. This workshop was later broadened to include all full-time staff members. Current cases are discussed at the informal meetings, and community caretakers, such as judges and policemen, have spoken on occasion. (9)

HOLLISTER, WILLIAM G. and GRANT W. HUSBAND. Inservice mental health education through group experience workshops. American Journal of Public Health 17:9, September 1952. pp. 1071-1077.

Described is the group process technique employed by a staff team visiting in fifty local public health departments. Three-day workshops were designed to help public health personnel utilize mental health methods in their everyday experience. At all times the staff team encouraged the group to be self-directive. The authors describe the activities of each day, which include buzz groups, staff presentations, role-playing, and sociodramas. By the end of the workshop, group cohesion and support is strong. Group thinking emerges, and major problems are articulated. The authors state that evaluation of such a program is difficult, but some objective data indicate that participants developed an accepting, supportive way of working with people. (10)

HOPPLE, LYNWOOD M. and HANS R. HUESSY. Traveling community mental health clinics: their extra-therapeutic aspects and functions. Mental Hygiene 38:1, January 1954. pp. 49-59.

Some extra-therapeutic activities of a traveling clinic are described in detail: consultation, clinic-community relations, community education, community planning, and inservice training. The inservice training is intended to establish a common orientation among persons closely associated with the clinic--the local public health director, public health nurses, child welfare workers and other welfare workers, and representatives of other organizations that have similar interests. The training includes lectures on preparing patients to come to the clinic, on psychosexual development, on the dynamic and therapeutic aspects of termination and follow-up of cases, and on the dynamics of the community. Training is usually conducted by psychiatrists and psychologists. Working with groups of diverse backgrounds is ofen anxiety-provoking, but is considered excellent training for them. (11)

KAROWE, HARRIS E., STANLEY LOFCHIE, GERTRUDE L. SULLIVAN, ELLIOTT H. SWEETSER, and WALTER E. WYSOCKI. The clinic and community relations. Mental Hospitals 14:5, May 1963. pp. 289-293.

Schenectady County's Child Guidance Center has provided various programs for educating the community: speakers for lay groups; discussion groups for various organizations; television shows; and consultation and inservice training for professionals. In the latter category, seminars involving lectures and case discussions have been given for welfare department social workers, school principals and guidance counselors, probation officers, a nursery school teachers' association, and local family casework agencies. Problems of these programs are discussed. Each of the training activities has appeared successful, judging from attendance, participation, an increase in the number of requests for consultation, and the change in kinds of referrals to the Center. The principal goal of the seminar is to transmit information of general significance, while in consultation the principal goal is to reach some diagnostic and management conclusions. However, it is believed that both goals ought to, and can, be attained in both activities without the consulting agency's losing autonomy and responsibility. (12)

LEVY, RICHARD A. A crisis-oriented community clinic. Mental Hospitals 16:12, December 1965. pp. 336-338.

The training programs of the Portland, Maine, community mental health clinic emphasize application. Medical residents spend one afternoon each week at the clinic, attending conferences and observing interviews. This exposure enables them to perform rapid and effective mental status examinations and to arrive at reasonable dispositions. It also enables them to initiate treatment if a psychiatrist is not available. A similar, but monthly, seminar is held for clergymen, who are also taught--in lieu of treatment techniques--when and how to call for help. Another monthly case seminar, for physicians, is designed to increase skills in psychiatric diagnosis and treatment. (13)

LEVY, RUTH J. Community mental health services--operation in San Jose. California Medicine 92:5, May 1960. pp. 345-347.

The community mental health program at San Jose, California, is financed equally by the local government and the state. The staff includes two psychiatrists, two clinical psychologists, and a psychiatric social worker. The program provides no direct service; its techniques range from talks before large groups of laymen or professional workers through discussions with small groups and consultation with individual workers. The consultant's role is to give the mental health worker some understanding of the dynamics underlying human behavior and relationships so the worker's skills can be used more effectively. The worker, having learned to recognize personality characteristics, can then encourage assets, recognize potential maladjustment, and reduce tensions. Through its consultation with public health nurses, police officers, teachers, social workers, ministers, sanitarians, and staffs of other public and private health and social agencies, this program has increased the demand for education in mental health, increased the number of requests for case consultation (in lieu of referring patients to overburdened psychiatric facilities), and increased consultee recognition of the importance of personal self-awareness. (14)

McGEE, RICHARD K. The suicide prevention center as a model for community mental health programs. Community Mental Health Journal 1:2, Summer 1965. pp. 162-170.

A program is described in which mental health professionals serve as consultants to professional caretakers (often ministers and general practitioners) who make up volunteer counselor teams for community suicide prevention. The need for inservice training to prepare those who answer phoned distress calls in the Suicide Prevention Center is pointed out. A Center may be coordinated by a social worker, clinical psychologist, or psychiatrist with appropriate background. As an extension of the consultation method, consultants must be prepared to function in a teaching capacity vis-a-vis welfare workers, public health nurses, law enforcement agencies, school personnel, and other community workers. Several suicide prevention centers are in operation in this country. Such centers offer one channel through which to launch community mental health programs. (15)

MILLAR, W. MALCOLM. Recruitment and training for mental health. IN Baldwin, John A. and W. Malcolm Millar (eds.). Community psychiatry. Boston, Mass.: Little, Brown, & Co., 1964 [International Psychiatry Clinics 1:3, July 1964. pp. 563-572].

Recruitment for mental health services depends upon community awareness of the mental health problem, upon the status of the mental health professions in the community, and upon training opportunities for all types of workers. In Northeastern Scotland, efforts have been made in the recruitment and training of psychiatrists, mental nurses, health visitors, volunteers, and other mental health personnel such as psychiatric social workers, educational psychologists, probation officers, and child welfare officers. Present programs and future goals are discussed. (16)

MUHICH, D. F., W. F. HUNTER, R. I. WILLIAMS, W. G. SWANSON, E. J. DeBELLIS, and J. M. MOEDE. Professional deployment in the mental health disaster: the Range Mental Health Center. Community Mental Health Journal 1:2, Summer 1965. pp. 205-207.

The Range Mental Health Center in Virginia, Minnesota, serves a series of fourteen small mining towns. Sixty-five percent of staff time is spent in consultation with community caretakers and in inservice training. Each staff member is responsible for a group of caretakers. Each of these caretakers has an opportunity for staff consultation once every four weeks; occasionally, a staff member joins in an interview between caretaker and client. Training seminars and workshops are also provided for caretakers. These activities emphasize human growth and development, psychological theory, interviewing techniques, psychopharmaceuticals, therapeutic interactions, and family interviewing. Other activities of the Center include providing public information, offering direct service, developing community mental health resources, developing preventive programs, and evaluating these inputs into the several communities and into the area as a unit. (17)

SATA, LINDBERGH S. Pragmatic psychiatry and traveling community mental health clinics. Mental Hygiene 48:4, October 1964. pp. 600-604.

Utah's traveling mental health clinics spend one or two days each month in isolated communities to activate interest in, and understanding of, mental health. The clinic team is composed of a psychiatrist, a clinical psychologist, and a psychiatric social worker with occasional trainees in the respective disciplines for varying periods up to one year. Each community has a mental health advisory council. Key positions are occupied by community public health nurses who act as liaison officers between the advisory council, the schools, the agencies, the community, and the clinic team. Services offered by the clinic team include in-service training seminars for key community personnel and supervision and consulation services to clerics and school counselors. (18)

SHAPIRO, DAVID S. and LEONARD T. MAHOLICK. A community mental health program revisited. Psychological Reports 20:1, February 1967. pp. 289-290.

Described is a standardized training program for community professionals (physicians, ministers, welfare caseworkers, and public health nurses) which utilizes a self-administered set of biographical, problem, and complaint materials called the "Personal Data Kit." This kit aids in problem-evaluation, counseling, and referrals. During the twelve-week course, the idea that human behavior may be understood as role-functioning is focused upon. Personal data is collected through (1) biographical review, (2) an information checklist, (3) the Mooney Problem Checklist, and (4) the Cornell Index. The trainee learns how to summarize, by role area, information obtained; to rate the functioning in each area; and to formulate a plan for counseling or referral. A three-year National Institute of Mental Health-supported project was begun in 1963 to evaluate the effectiveness of such training for a large percentage of the communities' physicians and ministers. A second NIMH training program is currently underway using a small training team to work in urban and rural areas and training professional leaders to serve as co-trainers. (19)

SHAPIRO, DAVID S. and LEONARD T. MAHOLICK. Opening doors for troubled people. Springfield, Ill.: Charles C. Thomas Publishers, 1963. 121 pp.

The Bradley Center in Columbus, Georgia, has developed a mental health assessment kit which brings help to many more persons than could formerly be reached. The training of ministers, physicians, and social workers in the use of the item is described. (Cases were presented for evaluation and discussion in weekly two-hour sessions.) In many cases, patients are capable of using the kit with no outside help. Appendices reproduce the contents of the kit. (20)

SKOTTOWE, IAN. Objectives and communications in community mental health services. Public Health 77:4, May 1963. pp. 210-217.

Long-term inservice training for local authority social workers, mental welfare officers, and health visitors in Great Britain is proposed. Two workers should sit in the psychiatrist's consulting room for two hours a week. For another two hours, they should attend case conferences. The increased effectiveness of this approach over formal lectures is stressed. (21)

SOUTHERN REGIONAL EDUCATION BOARD. *In-service exchange training: a report of a project for personnel in out-patient mental health centers and state mental health personnel*. Atlanta, Ga.: the Board, 1962. 47 pp.

"Two hundred and twenty-three grants were made to individuals employed in out-patient mental health clinics or in state departments or divisions of mental health. The grants covering travel, board, and room up to a maximum of $500 were made possible by a two-year demonstration grant from the National Institute of Mental Health to the Southern Regional Education Board for development of an inservice exchange training project among southern states. A study of the purposes for which grants were sought, the experience found, and the observations and learning which occurred indicate the project was particularly successful in providing an opportunity for discovery of new program ideas, for observation of program activities, and for stimulating an examination of purposes and philosophy of work. Many changes were introduced to enlarge, expand, modify, or improve clinic programs. The demonstration project was viewed a success and many expressions were made that the program should become permanent." (Southern Regional Education Board) (22)

WATTERS, T. A. *Continuing education programs in psychiatry and their evaluation*. Boulder, Colo.: Western Interstate Commission for Higher Education, December 1964. 27 pp.

This monograph is based on the author's experiences as director of the New Orleans Program for Psychiatry and Medical Practice. A number of continuing education programs for physicians and for clergymen are described. These included the use of seminars, workshops, lectures, case conferences, role-playing, and group discussion. The need for flexibility in setting up such programs is stressed. Facets of the programs discussed include: program aims; problems of role change; group process in the programs; emergence of leaders and resource persons; selection of participants; learning, unlearning, and therapy; roles of leaders; problems of grouping; the need for models for general practitioners; the role of the clergy today; problems in the model of the psychiatrist; role and aims of the teacher; program content; methods of teaching; and program evaluation. References are included. (23)

WEINER, LEONARD. The psychiatric home treatment service: the role of nonprofessional agents in community mental health. *Dissertation Abstracts* 27:15(B), November 1966. pp. 1612-B - 1613-B.

This is an unpublished doctoral dissertation developed by the author at Brandeis University, 1965. "With the Psychiatric Home Treatment Service as a conceptual model, this thesis analyzes the problems in developing a comprehensive system of community psychiatry." The first part deals with the implications of establishing the Home Service for both partial (decentralized) and comprehensive (centralized) services. Fragmented services are seen as ineffective, but the assumption that comprehensive treatment systems will evolve automatically as a function of greater awareness of a patient's needs is questioned. It is suggested that community psychiatry pursue experimental programming. The second part demonstrates the importance of understanding the role of two non-psychiatric agents: clergy and general medical practitioners. Rusults of the study of their roles are discussed "in terms of their implications for evolving a comprehensive psychiatric system which employs these agents as active members and provides *in situ* training for them." The third part of the thesis focuses on the methodology of demonstration research and suggests the need for accepting this approach in order to evaluate "the broad and complex elements of clinical innovations on a community basis." (24)

PHYSICIANS--ROLES AND CONTINUING EDUCATION

Roles

ANDERSON, RICHARD W. The Minnesota physician and action for mental health. Minnesota Medicine 45:6, June 1962. pp. 649-655.

Physicians are called upon to help plan community health centers, to help recruit more psychiatrists, and to cooperate with the psychiatrist in treating mental patients after discharge from a hospital. Training for nonmedical mental health workers is mentioned. (25)

BYRNE, EDWARD G. The physician and community mental health. The Journal of the Florida Medical Association 46:5, September 1959. pp. 305-308.

Physicians should take a much more active role in community affairs and planning, particularly in matters of health, including mental health. Doctors can help in the prevention and control of mental illness by promoting educational programs and adequate social facilities, by fighting the biological causes of mental illness, by encouraging the erection of facilities for early diagnosis and treatment, by encouraging full treatment, and by learning more about the rehabilitation of the mentally ill. (26)

CAPLAN, GERALD. The role of pediatricians in community mental health (with particular reference to the primary prevention of mental disorders in children). IN Bellak, Leopold (ed.). Handbook of community psychiatry and community mental health. New York: Grune & Stratton, 1964. pp. 287-299.

Pediatricians often share the family crisis situations arising when children are sick and should extend their care to the emotional needs of members of the entire family as well as to the sick child. They should also supplement their activities in the field of mental health care by stimulating others (obstetricians, public health nurses, clergymen) who deal with families to add mental health care within their own context to the services they already provide. The privileged position of the pediatrician as an expert enables him to instruct community agencies in the needs of the community's children. Pediatricians can educate legislators and other community leaders, and they can press for central planning and coordination of policies and services for fulfilling all the needs, including protection of mental health, of a community's children. To do these things, the pediatricians need additional knowledge and skills which only they, with insight into their own professional subculture, can determine. (27)

DORSEY, JOHN M. The doctor of medicine and Michigan's community mental health programs. Michigan Medicine 64:3, March 1965. pp. 195-197.

The idea of community mental health services can suggest a departure from the traditional individual patient basis upon which the study and practice of medicine has so long rested. However, this is an erroneous idea. Every M.D. carries out community service in some way, and should have an experienced and responsible concern for the health of the entire individual. The integration of the specialty of psychiatry with all of medicine is, particularly now, the course of good judgment. (28)

ENELOW, ALLEN J. Prevention of mental disorder: the role of the general practitioner. California Medicine 104:1, January 1966. pp. 16-21.

In psychiatry, "prevention" connotes early detection and, consequently, facilitated prevention of complications and chronicity. Under this concept, the general practitioner with his opportunities for early detection becomes the most important person in the medical community in preventing mental disorders. Further, as more family physicians attend postgraduate courses in psychiatry, they will manage an increasing number of their own patients. The medical practitioner of the future will deal both medically and psychologically with the family, referring only the more difficult psychiatric disorders to community mental health centers. The psychiatric consultant's role will focus on these more difficult cases and on providing advice and consultation to the family practitioner. (29)

IVEY, EVELYN PARKER. Planning for mental health services: the physician's role. Journal of the Medical Society of New Jersey 62:5, May 1965. pp. 170-171.

The roles of the physician are examined in three situations--specialization in psychiatry; general practice, family practice, and specialties; and mental health. In county and state committee work centering around planning for community health, the physician's leadership is indispensible. In such planning the physician has a framework within which to exert an unprecedented type of leadership. (30)

OSBERG, J. W. The role of the physician in community mental health. Journal of the Medical Association of Georgia 52:10, October 1963. pp. 432-435.

The physician may be the mentally disturbed person's first contact in seeking help. General practitioners are "gatekeepers" between the general public and psychiatry. The doctor is particularly valuable for case finding, and he also may prescribe drugs. Suggestions are made concerning when to refer and when not to refer a patient to a psychiatrist. (31)

SCHUPBACH, HAROLD J. The role of a nonpsychiatric physician in a mental health program. Journal of the Kentucky Medical Association 62:10, October 1964. pp. 768-770.

The physician can display leadership, by joining other citizens to build a mental health program for his community. Often he can resolve questions of professional ethics that confront such a program; he can interpret and criticize; he can facilitate communication between citizens and mental health specialists. (32)

SHEELEY, WILLIAM F. The general practitioner's contribution to community psychiatry. IN Bellak, Leopold (ed.). Handbook of community psychiatry and community mental health. New York: Grune & Stratton, 1964. pp. 268-279.

The shortage of psychiatrically trained personnel outside urban centers can be relieved by the general practitioner if he is appropriately oriented and trained. His position, education, and intelligence bring him into a position of leadership in many small cities and towns. From this vantage point he can see community mental health problems and spur the community into solving them. His practice situation is excellent for early discovery of mental health problems, and his routine contact with patients' families and environment enables him to relate the problems to their community backgrounds. No model program can be suggested for training the physician, however, because of the wide variation in background of individual experience and previous training. The physician can refer patients to, and work with, psychiatrists and caretaking agencies. (33)

SHEELEY, WILLIAM F. The practicing physician and community psychiatric efforts. West Virginia Medical Journal 60:8, August 1964. pp. 205-208.

In community mental health efforts the physician is a member of the mental health team as a casefinder, diagnostician, and therapist. He is in a good position to lead for progress in mental health. Postgraduate courses in psychiatry are available to him. (34)

SKOBBA, JOSEPH S. The private practitioner and community mental health. Diseases of the Nervous System 26:1, January 1965. pp. 29-32.

There is no need for government to employ psychiatrists on a salaried basis. The psychiatrist in private practice--because he is also available to the community as a consultant and as a teacher--is a community psychiatrist as well. As to individual treatment, most persons in the usual community, if they find that they need psychiatric help, can finance their own treatment. Those who cannot, can be provided for without employing a full-time psychiatrist. The demand for governmental health facilities will diminish as the number of psychiatrists increases and their distribution becomes more general. (35)

SMITH, FRANK ADAMS. The doctor and the mental health association. Journal of the Medical Association of Georgia 53:1, January 1964. pp. 27-28.

The medical doctor is the key figure in the mental health movement, yet the majority of doctors refuse to assume leadership. The doctor has two roles: In his role as an individual physician, he sees the patient before any other medical professional so is in the first line of defense against mental illness; in his role as a member of the community, he is needed for the long-range planning of mental health programs. The physician, therefore, is in a singular position to orient the community toward acceptance of positive mental health programs. (36)

Continuing Education

AMERICAN MEDICAL ASSOCIATION. DEPARTMENT OF CONTINUING MEDICAL EDUCATION. Continuing education courses for physicians. Journal of the American Medical Association 201:6, August 7, 1967. pp. 379-476.

This thirteenth annual listing of continuing education courses for physicians in the United States includes 1,830 courses offered by 387 institutions and organizations for the period from September 1, 1967, through August 31, 1968. Approximately 330 courses are listed in the section headed "psychiatry". Information given includes: title of course, sponsor, type (whether regular continuous, intermittent, circuit, home study, or other), time arrangement, total number of hours of instruction, design group (whether general practitioners, specialists, or both), starting and ending dates, fee charged, and educational method used. (37)

BARNES, ROBERT H. Psychiatric education. American Journal of Psychiatry 121:7, January 1965. pp. 713-718.

Presented is a review of psychiatric education literature of 1964. Sections include: undergraduate medical education, internship, residency training, and continuing medical education. There is a 35-item bibliography. (38)

BELLAK, LEOPOLD. A psychiatric training program for general practitioners and nonpsychiatric specialists. IN Bellak, Leopold (ed.) Handbook of community psychiatry and community mental health. New York: Grune & Stratton, 1964. pp. 280-286.

Since there is a scarcity of psychiatrists, since many physicians did not receive psychiatric training in medical school, and since physicians are well placed for the early recognition and prompt treatment of mental illness, there is a real need for physicians to have psychiatric training. At the City Hospital in Elmhurst, a postgraduate program has been given for three years in which physician participants receive credit from the Academy of General Practice, as well as a certificate suitable for framing. The program consists of a one-year series of psychiatric seminars in which one of the most important teaching techniques is lecture, followed by a general discussion, and supplemented by recommended readings. The trainers also participate in therapeutic interviews, first as observers, then as therapists. The goals of the program are: to foster awareness of the psychological effect of the doctor's attitude on his patients; to train physicians to recognize psychiatric problems, and to perform brief psychotherapy; and to acquaint physicians with the nature of psychiatric practice, and the work of the psychiatric department and of the psychiatric team. (39)

BERGER, IRVING L. and OSLAR B. MARKEY. Psychiatry and medical practice. The Ohio State Medical Journal 60:8, August 1964. pp. 754-757.

Described is an approach to teaching psychiatry to practicing physicians, in courses conducted by the Department of Psychiatry of Mt. Sinai Hospital, Cleveland, Ohio. A group of six to sixteen physicians attended weekly 1½-hour workshops for fifteen sessions. The discussion approach with case presentations was decided upon because the lecture-didactic method did not allow for mutual participation of leaders and group members. The article outlines problems of recruitment, the structure and process of the course, group interaction, the role of the leader, and examples of case studies. Results seem to point to "an increasing degree of tolerance" on the part of the physician toward emotional difficulties, the recognition of counter-transference reactions, and the overcoming of resistance toward referral. (40)

BOZZETTI, LOUIS. The Army and the untrained "psychiatrist." American Journal of Psychiatry 123:7, January 1967. pp. 825-828.

The Army's on-the-job training program in psychiatry is described--a 24-month program conceived with the physician draftee in mind which the author took at Fitzsimmons General Hospital, a large Army hospital in Denver. The first four months consist of intensive didactic and clinical supervision in general and military psychiatry under board-certified psychiatrists. The remaining twenty months are spent in applying this knowledge. In addition, there are several weekly teaching conferences involving the professional staff, including an administrative problems session, a three-hour intake conference, a case conference with consultants from the University of Colorado, and a seminar. (41)

BRODY, MATTHEW, MORTON M. GOLDEN, and HARRY S. LICHTMAN. Experience with small group seminars for practicing physicians. American Journal of Psychiatry 122:5, November 1965. pp. 497-500.

Described is the "Brooklyn Project" involving s series of seminars, sponsored since 1958 by the Medical Society of the County of Kings, the Brooklyn Psychiatric Society, and the American Academy of General Practice. Each seminar consists of six to eight physicians and a psychiatrist, meeting one evening a week for six consecutive weeks. The method is that of "a frank, intelligent question-and-answer type of education". In addition to courses for the general practitioner, there are courses designed for specialists such as obstetricians, gynecologists, internists, and pediatricians. (42)

CARSTAIRS, G. M., H. J. WALTON, and P. G. FAWCETT. General practitioners and psychological medicine: their views on a postgraduate course. The Lancet, vol. 2, August 25, 1962. p. 397.

Before taking a five-day course in psychological medicine, seven general practitioners were asked their reasons for participating in and their expectations of the course. Their responses are presented, as are their reactions to the course after its completion. The course consisted of discussions, clinical demonstration, field trips, films, and lectures. All participants expressed general satisfaction with the course. Their suggestions for improvement are included. (43)

CASTELNUOVO-TEDESCO, PIETRO. The twenty-minute hour: an approach to the postgraduate teaching of psychiatry. American Journal of Psychiatry 123:7, January 1967. pp. 786-791.

Psychotherapy is the chief instrument the practitioner needs to learn if he is to discharge his responsibilities to his patients in the area of psychological medicine. This article describes the program at the Harbor General Hospital, Torrance, California, in which each trainee sees a patient needing brief, supportive psychotherapy a maximum of ten times, for twenty minutes each time. Simultaneously, he and one or two other trainees meet with an instructor one hour per week for three months. The problems which this immediate involvement in an active learning process is designed to overcome are discussed. (44)

COX, WARREN M., PRESLEY F. MARTIN, FREDERICK C. EHRMAN, FRANK M. GAINES, DONALD EIB, and CATHERINE BENNETT. Post-graduate training for non-psychiatric physicians. Journal of the Kentucky Medical Association, vol. 63, September 1965. pp. 690-692.

In 1963, the University of Louisville School of Medicine and the State Department of Mental Health were awarded a grant from the National Institute of Mental Health for a postgraduate education course in psychiatry. This course began in September, 1963. Each physician is assigned two patients to treat and he sees them weekly for sixteen weeks. Each week one of the physicians will see and treat his patient behind a one-way screen, being observed by his peers. He sees his supervisor weekly to discuss the nature of the therapeutic process. Didactic material is also included in the training. At the end of the course the physicians are tested for psychiatric knowledge. Need for effective evaluation of such a course is expressed. (45)

DONNELLY, JOHN and JOHN H. HAUCK. In-plant postgraduate psychiatric training. Archives of Environmental Health (Chicago) 9:3, September 1964. pp. 355-363.

Described is an inservice training course for industrial physicians. Students met weekly for one and one-half hours in a seminar which involved lecture, discussion, and case presentation. The course lasted an academic year. Course content is included in the description. (46)

ENELOW, ALLEN J. and LETA McKINNEY ADLER. Organization of postgraduate courses in psychiatry. Archives of General Psychiatry (Chicago) 12:5, May 1965. pp. 433-437.

Courses given by the University of Southern California to nonpsychiatric physicians are described. Included in the description are: (1) teaching objectives; (2) course methods; (3) training of instructors; and (4) cooperation with the medical community. The course is conducted on three levels of difficulty. Basic courses are built around the case conference method. On the intermediate level, physicians observe interviews through one-way glass or closed-circuit television. Supervised clinical experience is the content of the advanced course. Transmission of theoretical psychiatric material occurs throughout all three levels. (47)

FARNSWORTH, DANA L. and HOWARD ROME. Leadership in community mental health. Journal of the American Medical Association 190:2, October 12, 1964. pp. 159-163.

Discussed are the AMA Congress on Mental Health; the role of the psychiatrist, the physician, and the government in community mental health programs; the value of emergency psychiatric services for encouraging collaboration between physicians and mental health professionals; and the economic and scientific necessity for planning in comprehensive care programs. The role of the community physician in mental health is stressed. In educating physicians, consultation is preferable to a lecture-didactic approach. It is suggested that a central emergency team from a mental health center can be of great help in encouraging cooperation from physicians both by continuous--even if periodic--demonstrations of how to deal with emergencies and by occasional clinics for physicians in which actual situations that have recently been dealt with are used. (48)

FORMAN, LOUIS H., ROBERT H. BARNES, CHARLES B. WILKINSON, and THOMAS S. McPARTLAND. Evaluation of teaching efforts with non-psychiatric medical practitioners. Diseases of the Nervous System 25:7, July 1964. pp. 422-426.

Two years' experience in teaching private physicians by three methods are described. First, an instructor's brief presentation of clinically illustrated but theoretical material was followed by questions and/or discussion of cases, and two films were shown. Second, the content was presented in a more structured fashion with less discussion and less clinical material from the students; a film and role-playing were used. Third, students suggested and discussed topics in a more advanced informal seminar. Pre- and post-tests (student reactions to taped interviews) of the three methods indicated that students of the first two improved their understanding of psychiatry and their interest in the field, changed some attitudes, desired further training, and recognized the limitations of the courses in enhancing their practical skills. The seminar group seemed to behefit through broadening of their operational skills. (49)

GINSBERG, ETHEL L. Public health is people (an institute on mental health in public health held at Berkeley, California, 1948). New York: The Commonwealth Fund, 1950. 241 pp.

An important early publication on health officers' training located too late for abstracting.

KAUFMAN, M. RALPH. A network of clinics for outpatients. Hospitals 38:3, February 1, 1964. pp. 63-68.

Services of the mental health center at Mt. Sinai Hospital, New York City, are described. Among these services is a continuing education program for nonpsychiatric physicians. Teaching clinics offer didactics, seminars, and conferences that are patient-centered. Participation is limited to eight students who spend two half-days each week for 42 weeks. The hospital's emergency department also offers training. (50)

LEVINSON, GORDON. Psychiatric seminars for general practitioners. The Medical Journal of Australia 2:26, December 26, 1964. pp. 1028-1031.

Described is a seminar program at London's Tavistock Clinic--an outpatient clinic for the treatment of neurosis. The seminars are lengthy, meeting weekly for at least two years with a maximum of twelve physicians in each. The criteria for selecting the physicians are presented, and the role of the seminar leader is examined. The goal of the seminars is described as an attempt to get doctors to listen to their patients, and there is a discussion about whether or not this constitutes psychotherapy. (51)

MAY, A. R. and EVA GREGORY. An experiment in district psychiatry. Public Health 78:1, November 1963. pp. 19-25.

The need for integration and interaction of medical and nonmedical mental health personnel is illustrated by a description of the Mental Health Services of Croydon (England). Appointments as paid clinical assistants, as well as seminars and lectures, are planned for local general practitioners. (52)

NICHOLAS, JAMES R. and WILLIAM RANSOHOFF. "Tandem" teaching to nonpsychiatric physicians. American Journal of Psychiatry 122:5, November 1965. pp. 489-494.

The "tandem" pair is used in teaching psychiatric principles to physicians in other specialties at the University of Cincinnati College of Medicine. It consists of a psychiatrist and a physician in the same specialty as the trainees. Both members of the tandem pair attend each session and are simultaneously responsible for the operation of the teaching vehicle, whether it is a conference, ward rounds, or a lecture-demonstration. Some factors interferring with cooperative leadership and ways of dealing with these factors are discussed. Goals of the program are outlined. It is believed that this method has particular values for training nonpsychiatric physicians because it furnishes the trainee with a useful model in his own specialty with whom he can identify. Attention is drawn to the research value of the method. (53)

OGLE, WILLIAM A. and JAMES D. TAYLOR. Experience of psychiatrists working with general practitioners caring for discharged mental hospital patients. IN Greenblatt, Milton, Daniel J. Levinson, and Gerald L. Klerman (eds). Mental patients in transition; steps in hospital-community rehabilitation. Springfield, Ill.: Charles C. Thomas Publishers, 1961. pp. 175-186.

Reported is a pilot psychiatric training program for non-urban physicians in the state of Washington. Psychiatrists visited physicians individually in their offices and held seminar meetings with physicians. At these seminars, a local physician would present the case of a patient discharged from the mental hospital, or another patient of psychiatric interest. The psychiatrist from the state hospital, who had treated the patient, would present the hospital portion of the case. Telephone consultations were also used. (54)

PRIMROSE, E. J. R. Psychological illness: a community study. Springfield, Ill.: Charles C. Thomas Publishers, 1962. 53 pp.

The theme of this publication is that the treatment of the neuroses as the most common of the mental disorders can and should be the responsibility of the general practitioner. Described are experiences of the preceding year during which, for the first time, a small parish in the north of Scotland which has limited health service had access to local psychiatric treatment. The author, the only physician in the community, participated in a series of seminars on psychotherapy to which he added with personally selected reading material. Case histories are presented which show the practitioners' developing psychotherapeutic skills and the community's increasing reception of those skills. (55)

RIPLEY, HERBERT S. and LELAND E. POWERS. Evaluation of a mental health institute for public health officers. American Journal of Public Health 45:2, February 1955. pp. 218-225.

An institute for health officers was held for ten days in 1950. Health officers were housed in a hotel, spent the morning in wards of hospitals, met in the afternoons for seminars, and heard a lecture at dinner. A questionnaire sent out a year later indicates the attitude of physicians toward the methodology of the institute and the value of the institute. A refresher institute is also described. (56)

SHEELEY, WILLIAM F. AAGP plans psychiatric workshops. Mental Hospitals 14:12, December 1963. p. 658.

Explained is a four-year project of the American Academy of General Practice to expand physicians' use of psychiatric skills. This project, partially financed by a National Institute of Mental Health grant, entails a series of regional workshops for state-level medical organizations, including medical schools, for the purpose of stimulating and supporting the development of local postgraduate psychiatric education programs. Among the topics to be covered at the workshops are basic principles of continuing education in psychiatry; felt needs of practicing physicians for specific psychiatric understanding and skills; methods of teaching at the postgraduate level; methods of evaluating education programs; and administrative aspects of education programs. (57)

SHEELEY, WILLIAM F. Methodology in postgraduate psychiatric education. American Journal of Psychiatry 122:5, November 1965. pp. 494-497.

Examined are the following classical educational principles: "(1) The needs of the student take precedence over those of the teacher. (2) Actively participating in the educational process promotes the students' intellectual and emotional involvement and thereby motivates him to learn. (3) Teachers should program their instruction. (4) Teaching methods must relate closely to goals and objectives, to subject matter, and to student experiences and expectations. (5) Education programs should weave explicit facts and specific skills into a matrix of general principles. (6) Spaced learning excels continuous learning. (7) Learning disturbs self-perception and thereby produces student anxiety, but optional levels of anxiety motivate learning. (8) Teacher and student should feel themselves members of the same group." These principles are related to the teaching of psychiatry to physicians. Examples illustrating three principles featured the use of discussions, lectures, and case studies. (58)

SHEELEY, WILLIAM F. Two conference reports: psychiatry works in community settings. Mental Hospitals 15:8, August 1964. p. 463.

Described is the APA's Third Colloquium for Postgraduate Teaching of Psychiatry (April 1964) which fostered the informal exchange of experience and ideas among those interested in continuing psychiatric education for general practitioners, internists, pediatricians, gynecologists, surgeons, and other physicians. Topics of the discussions and the four plenary sessions are listed. (59)

STAUBLE, WILLIAM J. Courses in psychiatry for family doctors. Canadian Psychiatric Association Journal 8:2, April 1963. pp. 104-110.

Three years of experience with seminars for family doctors conducted at the Royal Victoria Hospital is described. The purpose of the seminar is to enlarge the doctor's understanding of his patient's psychological life. Case study materials were presented in two-hour sessions every two weeks. It is suggested that an understanding of group dynamics is of considerable help to any psychiatrist who wishes to conduct this type of seminar course. (60)

U. S. NATIONAL INSTITUTE OF MENTAL HEALTH. Survey of continuing education courses in psychiatry for non-psychiatric physicians (Part 1, Public Health Service Publ. No. 1310). Bethesda, Md.: the Institute, February 1965. 43 pp.

Presented is a compilation of material gathered in a 1964 survey of existing psychiatric educational opportunities and facilities. The list was derived from responses to a questionnaire issued to inquire about courses offered from September 1, 1963, through August 1, 1964. The brochure provides an alphabetical list (by state) of institutions involved in such endeavors and includes sponsors, co-sponsors, and the names and addresses of persons to contact for further information. (61)

WATTERS, T. A. Teaching non-psychiatric physicians to handle psychiatric problems. American Practitioner 11:2, February 1960. pp. 111-115.

Physicians participated in a two-year course. The group met three evenings a month. Methods used were lecture, case presentation, seminar, and discussion. Course content is outlined, and a description of the group is given. (62)

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION. Seventh annual training sessions for psychiatrist-teachers of practicing physicians--1966. Boulder, Colo.: Western Interstate Commission for Higher Education, July 1967. 78 pp.

One of an annual series on such training sessions, this report concentrates on the areas of (1) child psychiatry: prevention and community management; (2) reasonable goals in postgraduate psychiatric education for physicians; and (3) geriatric psychiatry. Among the contributions are: "Teaching the Use of Community Resources to Physicians," by John H. Waterman; "Outcomes of Postgraduate Education: Self-Reported Changes in Students and Instructors" and "Desert City: The Ethnography of a Failure in Postgraduate Psychiatric Education," by Allen J. Enelow and Vincent H. Myers; and "Evaluation of Interview Teaching in Postgraduate Education Programs," by Werner M. Mendel. (63)

WHITTINGTON, H. G. Postgraduate education; report of a mail survey. Journal of the Kansas Medical Society 65:1, January 1964. pp. 40, 51.

Presented are questions (and tabulations of answers) from a 1962 postcard survey of psychiatrists and general physicians (in Kansas). Psychiatrists were questioned on their interest in teaching psychiatry to general practitioners. Physicians were queried about their interest in continuing psychiatric education. (64)

WINN, HAROLD. Teaching of psychotherapy: the non-psychiatric physician. International Psychiatric Clinics 1:2, April 1964. pp. 307-318.

The primary goal in teaching psychotherapy to nonpsychiatric physicians is to break down their emotional resistances to the understanding and acceptance of psychotherapeutic concepts. Instruction should thus center around the personal development of the student, rather than technical material. It is important, however, that the instruction does not itself become psychotherapy. The instructor can avoid this by breaking up the discussions periodically with didactic lectures. Other methods useful in such instruction are tapes, films, and participation in and observation of interviews. (65)

ZABARENKO, LUCY. Education of the graduate physician: attempts at evaluation. American Journal of Psychiatry 122:5, November 1965. pp. 500-504.

The lack of evaluation of programs attempting to give physicians some psychiatric knowledge is explored. Such evaluation does present great difficulties. A number of such attempts which have been made are described, and references to the findings are provided. (66)

ZABARENKO, LUCY and RALPH N. ZABARENKO. A suggested method for studying small group seminars in psychiatry. Journal of Nervous and Mental Diseases 143:3, September 1966. pp. 239-247.

Selected methodological approaches to seminars in psychiatry for medical practitioners were tested and organized descriptive work which might lead to precise and testable hypotheses was begun. In instrumenting this study, the observer's data was divided into three categories: case presentation, the group, and comments. Participant and non-participant observers were used. The study, which includes six tables, provides data mostly on initial phases of learning. (67)

NURSES

AFFLECK, J. W. et al. In-service mental health training for health visitors. The Lancet, vol. 2, September 17, 1960. pp. 641-643.

The health visitor, as described, is a registered general nurse, with additional qualifications in midwifery and social medicine, who acts as family health adviser in Edinburgh, Scotland. The authors describe in detail the outline, content, and results of a six-month course for ten visitors in mental health aspects of their work in the community. Methods of training included weekly lectures and discussions, clinical demonstrations, ward experience, attendance at staff conferences, and visits to pertinent parts of the hospital. During the course, a psychiatrist accompanied the health visitors on one of their district rounds to become acquainted with the health visitor's routine and to observe her approach to patients. Later, the psychiatric social worker accompanied the health visitor on a round to gain insight into her work. Results of training showed that the health visitor was able to put her new knowledge to work for the benefit of patients and that communication among the visitors and other professional mental health personnel was improved. (68)

BUIE, LOYCE C., JESSE GOLDFELDER, and THELMA H. SABA. A psychiatrist participates in a county health program. Children 9:6, November-December 1962. pp. 227-231.

An inservice training program in mental health for public health nurses is described. An orientation period involved six one-hour seminar lectures and a two-day workshop using case presentations with discussion. In the on-the-job portion of training, the psychiatric consultant spent seventeen hours per month with the nurses, including six hours in individual conferences, one hour in staff conference (didactic presentation and discussion), and eleven hours observing and participating in maternal and well-child conferences. (69)

BURNETT, FLORENCE M. and MAURICE H. GREENHILL. Some problems in the evaluation of an inservice training program in mental health. American Journal of Public Health 44:12, December 1954. pp. 1546-1556.

A five-year training program for public health nurses is described. The nurse spent half of her time with one patient in the medical ward of the general hospital. She took verbatim interaction notes. The remainder of her time was spent in group discussion. Films were shown occasionally. The authors describe the design of the evaluation study, methods of evaluation, instruments of evaluation, and some problems of evaluation. (70)

BURNETT, FLORENCE M., PATRICIA SITES, and MAURICE H. GREENHILL. Learning the mental health approach through the chronic medical patient. Public Health Nursing 43:6, June 1951. pp. 319-324.

Described is a program of inservice training in mental health for public health nurses given at Duke University. The course was patient-centered and involved the practice of interviewing, discussion of cases, lectures, individual conferences with supervisors, and problem-solving group discussions. Content is outlined. Nurses' personal evaluations of the course are included. (71)

DORSEY, JOSEPH R., GRACE MATASUNGA, and GERALD BAUMAN. Training public health nurses in mental health. Archives of General Psychiatry (Chicago) 11:2, August 1964. pp. 214-222.

A five-month project for training public health nurses to deal with mental illness was conducted by the Consultation and Diagnostic Service of the Department of Psychiatry, Albert Einstein College of Medicine. The method used was a weekly seminar which involved case presentations and discussion. Content was "didactic, problem-solving, informative, and mutually enlightening." Between meetings, intensive workups were done by psychiatric consultants on random cases so a comparison could be made between the nurse's initial evaluation and the professional's. The psychiatric social worker supplemented this with home visits. Informal, individual conferences were also held. The authors discuss the roles of the professional consultants in the training program. Details of evaluation are given, including results from the Leary Interpersonal Check List and the effects of the Conference Series rating scale (prepared by the Division of Social and Community Psychiatry). (72)

FRITZ, KATHRYN M. Mental health personnel. American Journal of Public Health 55:2, February 1965. pp. 251-255.

An approach to the inservice education of public health nurses in mental health is recommended. The training process which these nurses will undergo may include, particularly for participation in community mental health programs, a return to an academic program for instruction in public health nursing, ongoing education within the agency, or attendance at extra-agency activities, such as workshops and institutes. Recent graduates of basic professional education programs need close supervision. The supervisory staff must help to provide the needed opportunity for varied activities and the chance to apply new knowledge and skills in real situations. Nurses who have been working in public health for several or many years also need supervision and consultation. To provide this kind of guidance takes time on the part of the supervisory staff;

requires that the supervisor be prepared for her job; and that she work in a climate in which this is accepted as part of the supervisor's job. The supervisory staff needs the opportunity for its own continuing education. (73)

GUNDRY, C. H., TRENNA G. HUNTER, and H. ITZKOW. An inservice training project in mental hygiene; how can a social worker assist public-health nurses in a mental-hygiene program? Mental Hygiene 37:1, January 1953. pp. 47-60.

The public health service in the Greater Vancouver area found that staff education was necessary to help public health nurses spot cases and refer them to the mental-hygiene clinic. The public health department brought in a social worker to provide specific guidance to each nurse in her function as detector of emotional ills and dispenser of mental hygiene. Role conflicts and status problems developed between the social worker and the nurses, but these gradually disappeared. Training methods included group discussion of social histories, a series of eight talks on interviewing, and individual conferences with the social worker on cases already seen at the clinic. The social worker visited each of the six public health units two days a month. Evaluation was inconclusive and based on nurses' comments, but it seemed that principles of mental health were being integrated and interviewing techniques were being noted. Social histories seemed more complete, and nurses who were diffident before became more willing to make suggestions and to take responsibility. (74)

HANKOFF, L. D., LOIS G. BERNARD, and JOSEPHINE OMURA. Visiting nurse consultation in a community psychiatry program. Journal of Psychiatric Nursing 5:3, May-June 1967. pp. 217-232.

Seminars led by consultants from the community psychiatry program staff and the Visiting Nurses Association were held for nurses on the staff of a visiting nurse center in Brooklyn. Half the nursing staff alternated each week in attending six 1½-hour sessions. Case histories were presented and discussed, and a followup session was held two months after the seminars ended. (75)

KAZAN, AVRAAM T., ELLEN K. OSTROW, RUTH CUMINGS, and MILTON V. KLINE. Teaching mental hygiene: a problem in resistances. Psychiatric Quarterly Supplement 27:1, 1953. pp. 1-21.

In order to broaden the application of established principles of mental hygiene, two mental health consultants--a psychiatric social worker and a public health nurse of the Westchester County (New York) Department of Health--carried on an intensive two-year inservice mental health education program with the county's 164 public health nurses. The program consisted of ten orientation lectures followed by fifteen clinical conferences as an opening. The main part of the program centered upon individual consultation with the nurses discussing their case material. Emphasis was placed on developing skills and insights in the nurses, rather than on solving specific problems. The consultants also observed the nurses at work and recorded some of their interviews. There were group discussions based on this material. A workshop, films, and more lectures rounded out the program. Evaluation shows that the nurses feel that the individual conferences were the most effective learning method and that lectures were the least effective. Evaluations of the effectiveness of the program as a whole by both the nurses and the consultants show that there was a great deal of resistance to learning. (76)

MANDELL, SIBYL. In-service training in mental hygiene. Public Health Nursing 41:11, November 1949. pp. 576-579.

The Division of Mental Hygiene of the Baltimore City Health Department has focused on an inservice training program for public health nurses to better equip them to understand the young children and families with which they work. The 180 nurses and supervisors are divided into groups of ten, which hear two hours of lecture by a psychiatrically-oriented pediatrician, then have ten weekly 1½-hour seminars. These seminars go from directed but permissive discussions to, in the later weeks, dramatic techniques, which are described in some detail. After the course, each group meets monthly for follow-up seminars. Results include increased enthusiasm and interest and a growth of understanding on the part of the participants. (77)

OERTHER, BARBARA. Postgraduate course in psychiatric nursing for practical nurses. Journal of Psychiatric Nursing 1:3, May 1963. pp. 236-241.

The postgraduate course in psychiatric nursing was started at Lafayette Clinic (Michigan), September 1960, in order to prepare practical nurses to give psychiatric nursing care and to help improve their nursing performance wherever they work. The course is held three times a year and consists of thirteen weeks, twelve hours per week, of supervised experience and instruction given between the hours of 5 and 9 p.m. Eight hours per week are devoted to ward experience and four to formal lecture. Most students are employed full time elsewhere. The student participates in ward activities with two patients and charts her observations. Students observe patient meetings and assist in planning to meet patient needs. A ward class holds weekly discussions. Monthly evaluations are made of each student and special conferences are held when necessary. Films are shown in lectures when applicable and demonstrations are held. The article summarizes the objectives and content of the course. (78)

KINGCADE, MELDRED D. A training program in mental health nursing for public health nurses. Nursing Outlook 6:12, December 1958. pp. 683-685.

Divided into groups of seven, nurses attended a one-week training program at the Western State Mental Hospital in Kentucky. The course was planned to acquaint the nurses with admissions and other psychiatric hospital procedures, including the treatment program. The article outlines each day's program. Methods used were lecture, discussion, tour, and supervised ward visit. Nurses were also allowed to attend a journal club meeting and a staff conference. (79)

MARIL, ESTA C. The mental-hygiene clinic in an organized health department. Mental Hygiene 36:4, October 1952. pp. 60-68.

In order that public health nurses at the Baltimore County Mental Health Clinic may be utilized as part of an intake service, an inservice education program has been devised. Regular monthly regional mental health conferences are held by social workers with small groups of nurses and their supervisors to discuss potential cases and select those most able to utilize the clinic service. At this conference, the cases already referred are reported on. Group discussions usually follow. Also, consultative service on those cases that are not accepted for clinic service and on general mental health problems is offered. At least twice a month formal case presentations are held during the last hour of the clinic day and further staff education as to what the clinic is doing is provided. At this conference all professional staff who are interested in working on the case are invited to attend. Each person attending summarizes his part in the case and a collaborative plan is worked out. The public health nurse is considered a member of the clinic team and a liaison with the community and the school. (80)

MOULSON, F. and C. B. WHITTAKER. Taped interviews in psychiatric nurse training. *Nursing Times* 63:4, January 27, 1967. pp. 106-107.

The use of taped interviews in training visiting general nurses is reported. Tapes are particularly helpful in clearing away misconceptions about mental illness and hospitals. (81)

PIKE, PEGGY C. Teaching mental health to nurses. *Canadian Nurse* 57:10, October 1961. pp. 455-460.

Theoretical mental illness can be found anywhere; therefore, we must prepare our nurses to meet this almost overwhelming burden adequately and competently. Nurses already in psychiatric nursing can help others learn through a series of discussions on the general approach to psychiatric patients, through offering themselves as consultants when ward problems arise, and especially through making ward visits possible. The role of the psychiatric nurse is that of instructor to these nurses in training. (82)

Promoting mental health through effective use of educational television in in-service education for public health nurses (proceedings of workshop supported by Technical Assistance Project funds through the National Institute of Mental Health, July 29, 30, and 31, 1964, Auburn University, Auburn, Alabama). Sponsored by the Alabama Department of Public Health, State Department of Education, and Auburn University Educational Television. 60 pp.

Alabama has used educational television in inservice training programs since 1963. This workshop was held "to provide nurses in leadership positions with the help needed for effective use of educational television in inservice mental health education." Speeches reproduced in these proceedings are: Statement of Workshop Goals, by Kathryn Fritz; Alabama Department of Public Health Educational Television Program, by Thelma Mitchell; Alabama Educational Television Network and Its Operation, by Edward Wegener; Educational Television in Perspective, by John Schwarywalder; Mental Health in the Classroom, by Elyse McKeown; Judging the Effectiveness of a Medical Education Television Program, by Clement Benjamin; Preparation of Art for Television; by Brack Walter; Anatomy of a Movie, by Wendell Johnson; Visual Technique on Television, by Don Burgess; Let's Produce a Program, by Wylie Hance; and Facing the Camera, by Edward Wegener. (83)

WALLACE, MARY A. The nurse in suicide prevention. Nursing Outlook 15:3, March 1967. pp. 55-57.

The public health nurse can become a part of the community mental health movement by becoming a trained observer and evaluator in the home to aid in suicide prevention. Training of graduate students in psychiatric nursing at the Suicide Prevention Center in Los Angeles is described. Methods employed are: background reading, lectures, orientation, taped interviews and telephone conversations, interview observation, listening to calls from possible suicides, supervised interviewing, and independent interviewing with consultation. (84)

WHITMAN, SAMUEL. Organizing for mental health in the local community. Mental Hygiene 35:4, October 1951. pp. 618-631.

Four problems in organizing for mental health in the local community are discussed: (1) defining the extent of the problem; (2) establishing objectives; (3) relating the local group to state and national programs; and (4) guiding principles and methods of leadership. One of the objectives listed in the discussion under the second division is that of education. A particular incident is described in which a public health nursing group, after attending a series of public lectures on mental hygiene, wanted further and more particularized information. It was decided to arrange a series of six informal sessions led by an experienced case worker. Only the staff, numbering about twenty-three, were to attend. Members of the group participated in the selection of course content, thereby ensuring attention to the problems arising out of their actual experience. The emphasis was on developing a set of working principles. When the session came to a close, the staff still did not have "the" solution to particular problems, but they were better able to see what could and what could not be done for the patient. (85)

SCHOOL PSYCHOLOGISTS

CAPLAN, GERALD. Opportunities for school psychologists in the primary prevention of mental disorders in children. IN Lambert, Nadine M. (ed.). The protection and promotion of mental health in schools (Mental Health Monograph 5, Public Health Service Publ. No. 1226). Revised edition. Washington: U. S. Govt. Print. Off., 1965. pp. 9-22.

The concepts of primary prevention of mental disorders, "crisis", "basic supplies", and the application of these to children in school, are reviewed. Long-term and short-term activities for helping children to cope with crisis are presented. Particular attention is given to the role of the school psychologist who instigates direct action, indirect action, and research. Indirect action involves stimulation and guidance of other school workers--teachers, school nurses, doctors, and guidance personnel. This may be accomplished by teacher training, training of educational supervisors, and consultation and collaboration. Attention is focused upon interaction with educators, but similar principles apply to work with other personnel. Training may be both pre-professional and on-the-job. Care must be taken not to influence teachers to use techniques not in keeping with the traditional teaching role. This may be accomplished by providing teachers with information about the relation between crisis-coping and mental health and about adjustive and maladjustive coping patterns, and then leaving the techniques of application to the teachers themselves. This approach may be augmented by learning first how certain gifted teachers handle these problems and then by communicating the information to other teachers as an example to try. The importance of supervisory support in the primary prevention program is emphasized. (86)

LAMBERT, NADINE M. (ed.). The protection and promotion of mental health in schools (Mental Health Monograph 5, Public Health Service Publ. No. 1226). Revised edition. Washington: U. S. Govt. Print. Off., 1965. 59 pp.

The papers published here were presented at the Annual Conference of the California Association of School Psychologists and Psychometrists in Los Angeles in March 1962: Primary Prevention of Mental and Emotional Disorders: A Frame of Reference, by Eli M. Bower; Opportunities for School Psychologists in the Primary Prevention of Mental Disorders in Children, by Gerald Caplan; Ego Process in Learning, by Nevitt Sanford; The Concept of "Strens" in Preventive Interventions and Ego-Strength Building in the Schools, by William G. Hollister; Applications of the Taxonomy of "Strens" in Specific School Situations, by Nadine M. Lambert; An Example of Primary Prevention Activities in the Schools: Working with Parents of Preschool and Early School Years Children, by Donald C. Klein; An Example of Secondary Prevention Activities in the Schools: Talent-Searching in a Culturally Deprived Population, by John N. Duggan; and An Example of Secondary Prevention Activities in the Schools: The New York City Higher Horizons Project, by Daniel Scheiber. A 29-item bibliography is appended. (87)

OSTERWEIL, JERRY. School psychology and comprehensive community mental health planning. Community Mental Health Journal 2:2, Summer 1966. pp. 142-145.

School psychology programs are undergoing extensive changes. This article analyzes some of the social forces and legislative developments that are contributing to these changes. The implications for modifying professional roles and for professional participation in larger societal planning are evaluated. (Community Mental Health Journal) (88)

TEACHERS, SPECIAL EDUCATORS

A significant bill becomes law: the Community Mental Health Centers Act amendments of 1965. Exceptional Children 32:3, November 1965. pp. 195-198.

Public Law 89-105 provides traineeships and fellowships for the training of teachers and educators of teachers of exceptional children, it provides additional funds for research and demonstration projects for the education of handicapped children, and it provides funds for the construction of at least one research facility. (89)

ADAMS, R. S. and H. M. WEINICK. Consultation: an inservice training program for the school. Journal of the American Academy of Child Psychiatry 5:3, July 1966. pp. 479-489.

A three-year child guidance project for teachers and administrators in seven public schools in a small community has resulted in the school system's growing awareness of the need for mental health services and active planning for a school social work program. The two-part consultation program included individual consultations with teachers regarding specific class problems and group seminars. Involvement of the school superintendent and school principals proved crucial. Initial reluctance of school staff to reveal problems and the threat the consultant posed were resolved as consultants became familiar figures. A longitudinal study of selected children, utilizing school history and peer and family relationships, helped teachers to evaluate and deal with problems. A recurring problem involved acceptance of the necessity for administrative action on the part of teacher, principal, or superintendent. (Abstracts for Social Workers) (90)

BANK STREET COLLEGE OF EDUCATION. Integration of mental health concepts with human relations professions: education, medicine, psychology, law, religion, nursing, social work, dentistry. New York: the College, 1962. 132 pp.

Presented are the proceedings of a lecture series sponsored by Bank Street College of Education as a memorial to Ruth Kotinsky. Titles and authors of lectures are: Mental Health and Intellectual Mastery, by Millie Almy; Adaptation of the Teaching Role to New Purposes and Knowledge, by Barbara Biber; Mental Health, Patient Care, and Medical Care, by Jules V. Coleman; Mental Health Concepts and Effects upon Professional Practice, by Sibylle V. Escalona; Mental Health Concepts and the Law, by Fowler V. Harper; The Place of Psychiatry in Theological Education, by Earl A. Loomis, Jr.; Function, Process, and Principles of Professional Nursing Practice, by Ida Jean Orlando; Mental Health Concepts in the Practice and Teaching of Social Work, by Bertha C. Reynolds; and Mental Health, Patient Care, and Dental Practice, by Laszlo Schwartz. The importance of successful learning experiences to feelings of adequacy, and thus to mental health, and the necessary integration of aspects of mental health theory in the practice of the professions included are stressed. (91)

BOWER, LIBBIE B. An inservice program for mental health. Childhood Education 30:9, May 1954. pp. 419-422.

Over a period of a half-dozen years, the Massachusetts Association for Mental Health tried to help teachers achieve not only an optimal level of professional functioning, but also to sharpen their awareness of the preventive aspects of their role as classroom teachers. This program included college credit courses in mental health, inservice mental health workshops which were problem centered and did not deal with theoretical or intellectual concepts, and problem-centered seminars led by psychiatrists. (92)

BROWN, SAUL L. Psychiatric consultation for Project Head Start. Community Mental Health Journal 2:4, Winter 1966. pp. 301-306.

Psychiatric and/or mental health services for the Head Start program will need to be adapted to the character of the population group to be dealt with. This requires special knowledge and skills, not only in relation to the psychopathology of the pre-school-age child, but also to the subtleties of family pathology and the ways in which a disturbed child of this age is simultaneously "causative agent" and "victim." Maximum use of the nursery school teachers as therapeutic agents will be necessary. A special training program would need to incorporate basic nursery school techniques along with specialized methods with disturbed children and their parents. With appropriate and continuing consultation, the teachers should emerge as pivotal educative figures for the whole family. (93)

EKSTEIN, R. and R. L. MOTTO. Psychoanalysis and education: a reappraisal. Psychoanalytic Review 51:4, Winter 1964-65. pp. 29-44.

Psychoanalysis has always had a strong, though constantly changing, relationship to the field of education. There have been two distinct phases in the development of this relationship. The first evidenced itself as a demand for new pedagogical content of knowledge (more understanding of human beings, children, and their relationships to education). The second phase came when the move was made from criticism to application, and specific techniques of fostering mental health through education were evolved and evaluated. Now a third phase is developing between these two areas of endeavor in which there is concern to see whether there can be developed a collaboration between teacher and psychoanalyst leading to development of positive teaching techniques, rather than merely to the amelioration of mental health risks or the fostering of good mental health. (Abstracts for Social Workers) (94)

KAPLAN, LOUIS. Mental health and human relations in education. New York: Harper & Row, 1959. 476 pp.

This volume is designed as a textbook for courses in mental hygiene and human relations. Its basic contention is that schools have a function beyond the inculcation of knowledge and skills. They must also educate for mental health. It shows how mental disorders and maladjustment reach into the schools, deals with environmental influences on the development of mental health and human relations, describes the psychological forces of growth and the symptoms of behavior deviation in children, and makes practical application of these principles in the school setting. A chapter entitled, "Mental Health Programs in Schools and Communities," presents some programs for instructing people, particularly teachers, in mental hygiene. (95)

MOORHEAD, JENNELLE. Mental health inservice training for teachers. Journal of School Health 26:3, March 1956. pp. 103-106.

Inservice training in mental health is particularly needed for teachers because their pre-service training is lacking in opportunities for "working through" relationships which appear as important parts of their regular teaching. Many approaches to such training besides the familiar teachers' institute are possible, such as workshops, experimental projects, school visitation, fireside chats, role-playing, sociodramas, and case-study conferences, as well as the more formal courses and lectures. Whatever the method of approach may be, it should grow out of the interests and needs of the teachers involved in the training, and the leadership available. (96)

RYAN, W. CARSON. Mental health implications for inservice programs. Educational Leadership 9:1, October 1951. pp. 32-35.

It is essential that teachers attain a good knowledge of mental health concepts. One method of achieving this goal on an inservice basis is a course in "Mental Hygiene in Teaching." Such a course was given many times over a period of twelve years in University of North Carolina summer sessions, Saturday and evening classes, off-campus extension, and in the regular academic year. Participants gave and discussed oral reports on mental health literature, described and discussed situations involving mental health which they encountered in teaching, and explored and reported on various topics as parts of committees. (97)

SCHIFFER, MORTIMER. The use of the seminar in training teachers and counselors as leaders of therapeutic play groups for maladjusted children. American Journal of Orthopsychiatry 30:1, January 1960. pp. 154-165.

Described is a program begun in 1951 by the New York City Board of Education's Bureau of Educational and Vocational Guidance. Aims of the program were to help young children with behavior problems, to train teachers and guidance counselors in using play groups for these children, and to broaden the application of sound mental health practices in the classroom. Over a period of about six years, more than 100 children (ages 6-9) were worked with in approximately fifteen play groups conducted by ten teacher-volunteers and five guidance counselors. A consultant is responsible for orientation, implementation, training, and supervision. This report is largely a description of the supervision process with emphasis on the use of the open seminar in training teachers and guidance counselors as leaders of play groups. Teachers met weekly in a supervision session at lunchtime. The seminar involved analysis of reports of verbal interaction in play groups. Informal discussion was also part of the seminar. (98)

SEGAL, JULIUS. Mental health of children, the child program of the National Institute of Mental Health (Public Health Service Publ. No. 1396). Washington: U. S. Govt. Print. Off., 1965. 72 pp.

National Institute of Mental Health activities representing eight major programs of the Institute are described in terms of meeting the needs of normal children in normal environments, providing early treatment of mental and emotional disorders in childhood, and developing treatment and rehabilitation programs for severely disturbed children. Included are results of basic research, applied studies, small laboratory experiments, and long-range clinical investigations. Training programs for professional personnel, the role of the community mental health center, information programs in child mental health, and future tasks are discussed. A list of 153 references identifies the sources of information, giving titles of projects, names of project directors, and institutions where the work was done. (99)

ZAX, MELVIN, EMORY L. COWEN, LOUIS D. IZZO, ANGELO J. MADONIA, JOSEPH MERENDA, and MARY ANN FROST. A teacher-aide program for preventing emotional disturbances in young children. Mental Hygiene 50:3, July 1966. pp. 406-415.

Housewives were trained to function as mental health aides in a classroom situation, in an effort to forestall developing emotional disorders in young children. The rationale for this program, the selection of teacher aides, the training program in operation, and evaluation and directions for future work are presented. A series of 2½-hour sessions were held on the mental health-hygiene movement, the history of the project they were to participate in, personality development, behavioral disorders, and child-parent relationships. Two other didactic sessions involved one meeting each on an orientation to the schools and on the elements of teaching methods for the housewives who would function as teachers of small groups of children unable to benefit from the normal classroom experience. Supplementing this were case discussions introduced by films, classroom observation sessions, and problem-solving disucssions among the aides. There were three evaluative meetings in which the teachers applauded the goals of the program, but objected to the form in which it was cast. The teacher-aides had been in attendance in the classroom throughout the project; the teachers objected to their presence. Future plans call for basing the aides in some central location in the school outside the classroom. They will be available to work with children referred to them by the teachers. (100)

CLERGY

HAMMER, HARVEY M. A ministerial training program in community mental health. Mental Hygiene 49:4, October 1965. pp. 520-524.

A report is given of how Harford County, Maryland, succeeded in urging clergy participation in community mental health activities. A program was devised in 1963 to make clergymen effective in this role. Weekly seminars of formal group discussion for 2½ hours plus an additional hour of individual and group supervision were begun and had continued for ten months. The seminars fell into five distinct categories. In order of prominence these were: seminars dealing with specific subjects, case presentation, group therapy, guest speakers, and visits to pertinent institutions (each category being discussed). Specific subject seminars included: schools of psychiatric thought; the psychoses and psychoneuroses; personality disorders; pastoral counseling, its indications and forms; interviewing techniques; and child development and adolescence. Special sessions were held on grief, mourning, depressions, alcoholism, premarital counseling, and dealing with terminally ill patients. Sessions were weighed according to the clergy's needs. Emphasis was on practical application, specific cases, informal discussion, and questions in each seminar. Results of the program are described. "The enthusiasm of the participants, as well as the gratifying results of the program, indicate the possibility of similar ventures in other communities." (101)

HINKO, EDWARD N. and ALBERT F. PAOLINO. Developing a mental health seminar for pastoral counselors. Insight; Quarterly Review of Religion and Mental Health 2:1, Summer 1963. pp. 21-24.

A method for initiating and evaluating mental health seminars for clergy is explained. A two-day mental health workshop was held in Cleveland, Ohio, in 1962, sponsored by the Cleveland Mental Health Association Committee on Assistance to the Clergy. A series of questionnaires were mailed to the clergy during the planning stage to determine content and methods of presentation for a short workshop in pastoral counseling. One hundred eighty clergymen (out of 1,043) expressed interest in group sessions with mental health professionals. A second questionnaire to these sought to discover areas of primary interest. The nine areas chosen most often from this questionnaire are listed in order of priority. Questions used for evaluation after the workshop program are included, with discussion, as well as a list of seven topics for future seminars suggested by clergy (in order of frequency). The questionnaires proved to be an appropriate and economical method for planning and evaluating short seminars for clergy on everyday ministry to the mentally ill. (102)

HOFFMAN, HANS. Religion and mental health. Journal of Religion and Health 1:4, October 1962. pp. 319-336.

Reported is a National Institute of Mental Health pilot study at Harvard University to determine ways of implementing Protestant theological education with appropriate consideration of communal mental health problems. The program emphasized: (1) investigation of the problems and potentialities of the Protestant ministry in relation to mental health; (2) development of a curriculum that would incorporate results of the investigation; (3) training of seminary teachers who could instruct in the area of mental health; and (4) preparation of textbooks to assist them in their teaching. (103)

HOLLANDER, I. FRED. Mental health teaching materials for the clergy. Journal of Religion and Health 1:3, July 1962. pp. 273-282.

Summarized is a report of the Yeshiva University Project, sponsored by the National Institute of Mental Health, to develop teaching materials for the training of the clergy in mental health. The report deals with basic assumptions regarding the project, the scope of the clergyman's mental health function, the nature of the clergyman's help, the value of mental health knowledge for the clergy, the significance of religion's role in the area of healing, the form and content of the subject matter, and problems involved in the development of teaching materials. (104)

LANGSLEY, D. G., C. GULDNER, and H. KRITZER. Clinical pastoral training in an emergency psychiatric service. Journal of Religion and Health 6:2, April 1967. pp. 99-105.

Two out of twelve weeks in clinical pastoral training were spent with a psychiatrist and social worker in an emergency psychiatric service. Opportunity to develop evaluative and brief counseling skills (under supervision), as well as knowledge of appropriate community resources, was provided. (105)

LIPPMAN, HYMAN, FRANCIS GERTY, and DAVID A. BOYD, JR. Pastoral-psychiatric workshops. IN Masserman, Jules H. and J. L. Moreno (eds.). Social psychotherapy (progress in psychotherapy, vol. iv). New York: Gruen & Stratton, 1959. pp. 183-192.

Described are nine workshops (each including about forty pastors and about ten faculty members) which were held three times each summer during three consecutive weeks and in four consecutive years at St. John's University at Collegeville, Minnesota. A one-hour lecture was given in the morning and fifteen minutes of questions followed; then a 1½-hour discussion period was held. The schedule was repeated in the afternoon using a different lecturer. Panel discussions were held in the evening. Coffee breaks served as "buzz group" sessions. The content of the course, program achievements, and participant evaluations are discussed. (106)

McCANN, RICHARD V. The churches and mental health. New York: Basic Books, 1962. 278 pp.

A comprehensive study of the role of the churches in America's mental health, this work contains several sections on the training of pastors in this field. Chapter One describes some programs whose chief aim is training for the institutional chaplaincy, rather than for the pastoral ministry in general. Some of the training programs offered by the nation's seventy-three pastoral counseling centers are described in Chapter Six, while Chapter Seven deals with mental health aspects of theological education, including programs for theology students and programs for ordained ministers. About twelve such programs are discussed in detail. Chapter Thirteen has some suggestions for more effective clinical pastoral education. (107)

PATTISON, E. M. Functions of the clergy in community mental health centers. Pastoral Psychology 16:154, May 1965. pp. 21-26.

The role of the clergy in national mental health has been revealed dramatically by the report that forty-two percent of emotionally ill persons first seek help from a minister and, of those who do, sixty-four percent have been satisfied with the assistance they have received. Ten functions of the community mental health clinic have been identified: inpatient treatment, outpatient treatment, part-time hospitalization, emergency services, consultation with other agencies, diagnostic and evaluation service, transitional and placement service, rehabilitation service, after-care, and formal community education. Community mental health programs need to be developed at three levels: (1) better community organization and healthful social relations, (2) earlier case-finding to avert serious interpersonal breakdown, and (3) better treatment techniques for those already ill. In these areas recent evidence suggests that community mental health clinics and ministers have taken little advantage of each other. There could be benefits to both if clergymen could be afforded mental health training that could enhance the pastoral care they offer. The community mental health clinic could profit from early referrals and the religious community could provide rehabilitative resources for the return of patients to and support of them in the community. The chaplain has yet to develop well-defined functions in community mental health centers within his accepted clerical role. Four areas of functioning are possible: (1) director of pastoral care in the mental health program, (2) consultant in psychotherapy, counseling on theological and religious questions, and engaging in religious ritual appropriate for problems of sin and guilt, (3) diagnostic consultant, and (4) liaison to the religious community. (Abstracts for Social Workers) (108)

Religion and psychiatry. Christian Advocate 7:12, December 1963. p. 19.

The American Foundation of Religion and Psychiatry has launched a nationwide program to establish clinics where clergymen may be trained to do counseling, and where counseling services are provided for those who need them. (109)

SHAPIRO, DAVID S., LEONARD T. MAHOLICK, and RICHARD N. ROBERTSON. Mental health training for ministers. American Journal of Public Health 57:3, March 1967. pp. 518-522.

The Bradley Center, Inc., is a private, nonprofit foundation-sponsored outpatient psychiatric clinic in Columbus, Georgia. It has been engaged in developing and demonstrating a standardized, goal-limited program of mental health training for nonpsychiatric professionals. This program, of nine years duration, is based upon the point of view that problems of emotional, mental, and social maladjustment are the legitimate concern and responsibility of many groups of professional workers. The program for ministers focuses on key life role areas. Material is gathered in a Personal Data Kit. The significance of the training program is discussed. The most striking impressions the program's administrators obtained were the eager responsiveness of ministers to the project, and the large number of ministers who could be trained by a small staff. A rigorous evaluation program is described. The criteria of success are: (1) that the ministers have incorporated concepts, approaches, and techniques which make them better able to identify and manage effectively the problems brought to them by troubled people; (2) that they are recognized by a large segment of the lay population as being interested in and available to help with the normal range of human problems, and can intelligently assist them in finding appropriate professional help when required; and (3) that they as a professional group become more sensitized to the prevalence of unmet human needs in the community and become more active in efforts to provide needed services. (110)

SHAPIRO, DAVID S., RICHARD N. ROBERTSON, and LEONARD T. MAHOLICK. Training ministers for mental health work. Journal of Pastoral Care 16:3, Fall 1962. pp. 149-156.

A report on two mental health training workshops for clergymen designed to (1) assist in the development of methods for mental health assessment, counseling, and referral; (2) evolve adequate means for training in these methods; and (3) obtain reliable opinions concerning the usefulness of such methods in actual practice is presented. The results demonstrated that improved management and care of individuals with mental health problems can be achieved by teaching ministers and physicians systematic, concrete, and economical methods of assessment, counseling, and referral for incorporation into their everyday professional duties. (111)

STRUNK, ORLO and KENNETH E. REED. The learning of empathy: a pilot study. Journal of Pastoral Care 14:1, Spring 1960. pp. 44-48.

Tests administered before and after clinical pastoral training of a group of eighteen theological students and parish clergymen seem to indicate that exposure to intense interpersonal relationships, under supervision, leads to an increase in the ability to empathize. (112)

Training clergymen in urban mental health. IN Mental health news digests. Mental Health Digest (National Clearinghouse for Mental Health Information). August 1967. p. 33.

A project to develop a model curriculum for widespread application in education programs in urban mental health, using the clergy's unique relationship to individuals and to the community, is underway in Cleveland, Ohio. The 32-week full-time internship is a five-year project conducted by Western Reserve University. . . . Training is conducted by a team representing psychiatry, psychology, social work, economics, political science, medicine, law, and education, with the denominational sponsors of the individual clergymen in close communication to insure relevance of the program to the student's total development. The program is planned around study units dealing with problems of youth, poverty, intergroup relations, health, and aging. Lectures, discussions, and seminars are balanced with field work for firsthand experience. Effectiveness of the program will be evaluated by means of a pretest, posttest, and followup a year later. (Mental Health Digest) (113)

U. S. NATIONAL CLEARINGHOUSE FOR MENTAL HEALTH INFORMATION. Bibliography on religion and mental health 1960-1964 (Public Health Service Publ. No. 1599). Washington: U. S. Govt. Print. Off., 1967. 106 pp.

This is an annotated bibliography which includes a section of books and journal articles on "Training of Clergy for Mental Health Work." (114)

WESTBERG, GRANGER E. The role of the clergyman in mental health. Pastoral Psychology 11:104, May 1960. pp. 19-22.

The author discusses the Lilly-Kokomo project of the University of Chicago, an experiment designed to ascertain whether the clergyman's effectiveness in preventing mental illness can be increased by a type of clinical course offered to a wide variety of parish clergy. The conclusion is that the clergyman has a unique relationship to people, particularly family, and can offer invaluable assistance to families seeking the basic patterns of mental health. (115)

WESTBERG, GRANGER E. and EDGAR DRAPER. Community psychiatry and the clergyman. Springfield, Ill.: Charles C. Thomas Publishers, 1966. 110 pp.

Two projects involving clergymen in community mental health conducted in Kokomo, Indiana, and La Grange, Illinois, were sponsored by the Lilly Foundation and the National Institute of Mental Health. Chapter titles of this report of the two projects indicate content: I. The Role of the Clergyman in Community Mental Health; II. The Kokomo Project: A Community Experiment in Clinical Pastoral Education; III. The La Grange Project: A Further Experiment in Communication between Clergymen and Doctors (Chapters II and III discuss collaboration among psychiatrists, clergymen, and physicians); IV. A Weekly Case Conference; V. Presentation of a Case: A Psychiatrist's Reactions (these chapters contain potentially usable material for study groups and raise questions and problems in interprofessional practice, responsibility, and theory); VI. The Clergyman and Preventive Medicine; and VII. Kokomo--La Grange: Reflections by a Psychiatrist (analysis of results and implications for the future of the projects). There is an index. (116)

WISE, C. A. Meeting of American Association of Pastoral Counselors in St. Louis: a report. Pastoral Psychology 15:146, September 1964. pp. 47-50.

The American Association of Pastoral Counselors has been newly established with committees set up to deal with such problems as (1) standard setting for individuals and centers, (2) collaboration with denominational officials, (3) certification of specialized ministries of counseling, and (4) approval and accreditation of church-related counseling centers and centers for the training of pastoral counselors. One of the major issues before the conference was "private practice" in pastoral counseling. (Abstracts for Social Workers) (117)

ZAPPALA, ANTHONY. A joint venture of psychiatrists and clergy: the pastoral institute. Medical Annals of the District of Columbia 32:6, June 1963. pp. 247-248, 254.

This paper describes the close collaborative working relationship between clergy and the medical profession which has been established at the Pastoral Institute in Washington, D. C. The work of the Division of Education and of Clinical Services is outlined, with seminars for clergymen and theological students on "Common Problems in Pastoral Care" and on "Hospital Calling" being given by the former, while the latter has training programs in its family therapy, alcoholism treatment, and psychiatric residents training units. (118)

SOCIAL WORK TECHNICIANS, WELFARE WORKERS

KRAFT, IRVIN. Volunteers as social-work technicians in a child-psychiatry clinic. Mental Hygiene 50:3, July 1966. pp. 460-462.

A description is given of a 20-hour program for training volunteer social workers at the Texas Institute of Child Psychiatry in Houston. This program enables the trainees to take over tasks formerly carried out by residents. A manual was presented to the volunteers; they attended weekly 90-minute lecture-seminars for explanations of the interviewing technique, and guided discussions were held. The medical director of the institute wrote a critique of each trainee's first interview. This experience indicates that social workers can standardize their procedures and delegate work to technicians. The professionals use their training to evaluate and to extend data obtained by others. (119)

NITZBERG, HAROLD and MARVIN W. KAHN. Consultation with welfare workers in a mental health clinic. Social Work 7:3, July 1962. pp. 84-93.

The formal consultation program of a rural mental hygiene clinic includes monthly two-hour seminars for county welfare workers. The clinic's psychiatric social worker presides; welfare workers submit cases for discussion. The social worker is seeing the potentials of the welfare personnel, and the need for their work. The county employees are feeling increasingly adequate in their duties. (120)

POLICE

ELKINS, ALAN M. and GEORGE O. PAPANEK. Consultation with the police: an example of community psychiatry practice. American Journal of Psychiatry 123:5, November 1966. pp. 531-535.

Community psychiatry is exemplified in the practice of a large, voluntary general hospital in a heavily populated neighborhood of an eastern metropolis. A committee which included a psychiatrist undertook to improve relations between policemen and Puerto Rican residents of the neighborhood through a multifaceted program. Among the activities were lectures by the psychiatrist and discussions in which the psychiatrist guided policemen to a better understanding of both their own feelings and problems and those of the Puerto Ricans. The community psychiatry unit also published a booklet for the police. This booklet contained a list of community resources and a glossary of Spanish terms. (121)

FRIEDMAN, MERTON H. Community mental health education with police. Mental Hygiene 49:2, April 1965. pp. 182-186.

A staff psychologist of the Brookline (Massachusetts) Mental Health Clinic arranged five weekly seminars of two hours each for ten policemen. A police sergeant acted as liaison between the force and clinic and helped with details and mechanics of the meetings. The content of the seminars covered as representative a spectrum of mental health as was feasible within the area of interest of the participants. Case histories were discussed and four films and a manual were used. Factors deemed pertinent to achieving a satisfactory relationship with an important care-giving community agency are listed. (122)

KADISH, JOSEPH. Mental health training of police officers. Mental Hygiene 50:2, April 1966. pp. 205-210.

A training course in mental health for policemen is outlined. The National Association for Mental Health, working with leadership from its Louisiana Division, has produced a manual for police officers based upon police training programs conducted by the authors. The manual is written in nontechnical, conversational style. One section is devoted to abnormal behavior. Four films have also been produced by NAMH for police training. The faculty for police training should include three groups: professionals in mental health, police and other care-taking officials, and attorneys. In choosing methods, consideration should be given to particular characteristics of police officers, keeping in mind that they are generally action-oriented. Group discussion (perhaps accompanied by brief, informal lectures) is cited as the best method. Role-playing and field trips are also suggested. (123)

Mental health training for police. IN Mental Health news digests. Mental Health Digest (National Clearinghouse for Mental Health Information). August 1967. pp. 36-37.

A new three-year pilot project at the Social Science Institute, Washington University in St. Louis, Missouri, will provide training to policy-making and training officers in law enforcement agencies throughout the nation. It will teach senior officers, and through them their subordinates and students, how to help individuals with such problems as alcoholism, narcotic addiction, sexual deviation, attempted suicide, and mental illness. A series of curriculum and model development conferences are underway at which behavioral scientists discuss the accumulated knowledge in a problem field while the police officials contribute their knowledge of practices and problems of institutionalized social control. Background of the St. Louis police department and police academy is discussed and a model for handling intoxicated persons on the street is presented. (124)

MENTAL HEALTH WORKERS (MIDDLE-LEVEL)

The community college in mental health training; report of a conference to explore the role of the community college in training mental health workers, April 1966 (sponsored by the Southern Regional Education Board and the National Institute of Mental Health, Training Branch). Atlanta, Ga.: Southern Regional Education Board, 1966. 92 pp.

Sixty representatives of community colleges and mental health agencies in fifteen states conferred on new ways to solve the manpower shortage, possibilities in the functions of mental health workers, and plans for programs to train mental health workers. Section I contains summaries of speeches and discussions. Section II contains the full text of speeches and papers prepared for the conference. (125)

BENTON, MARTHA W. Mental health workers in rehabilitation therapies. IN The community college in mental health training . . . Atlanta, Ga.: Southern Regional Education Board, 1966. pp. 81-83.

Subprofessional mental health workers can meet many needs that are not now being dealt with effectively. Rehabilitation or activity therapy can--through occupational, recreational, industrial, musical, and educational therapies--remotivate, redirect, and re-educate a patient. Candidates for subprofessional therapy work should enjoy creative activity and working with persons rather than things; they need great perserverance, emotional stability, and a high frustration tolerance. Their attitudes and personality traits are more important than technique and initial skills, but desirable academic backgrounds include sociology, group dynamics, self-expression (oral and written), psychology (normal and abnormal), and such electives as techniques in art, music, drama, teaching, and recreation. "It is understood that the hospital which employs such a person would provide professional and on-going, in-service training and supervision." (126)

CHANDLER, CHARLES S. Needs of vocational rehabilitation clients which could be met by middle-level mental health workers. IN The community college in mental health training . . . Atlanta, Ga.: Southern Regional Education Board, 1966. pp. 75-79.

The phenomenal increase in clients and the rapid growth of the vocational rehabilitation counselor's administrative duties have created a need for mental health workers trained by junior or community colleges. These middle-level workers can, under professional supervision, help rehabilitate the mentally ill and train the mentally retarded. Specifically, they can help orient clients and clarify rehabilitation; reduce feelings of social and psychological isolation; encourage better use of treatment center resources; assist in occupational exploration and training; help to develop self-confidence, motivation, and social and recreational skills; and they can counsel interested parties to encourage family and community support. Their help would also permit more effective mobilization of community resources for posttreatment purposes. (127)

FREY, LAVONNE M. The mental health worker in nursing services. IN The community college in mental health training . . . Atlanta, Ga.: Southern Regional Education Board, 1966. pp. 71-73.

The mental health worker can, under the supervision of a psychiatric nurse, work with long-term and short-term patients in hospitals or with patients under home treatment or aftercare. To be effective, the worker must be able to organize work and patient activities, instruct in daily living activities, tolerate but set firm limits on patients' behavior, provide safety and comfort, act as a therapeutic tool, use group skills, introduce patients to community activities and encourage contact with the community, watch for changes in behavior, and communicate with other members of the mental health team. (128)

GABBLE, JEAN. Mental health workers' job description. IN *The community college in mental health training* . . . Atlanta, Ga.: Southern Regional Education Board, 1966. pp. 63-64.

Tasks that the mental health worker could do are listed within each of fourteen categories of patient needs including: initial request for psychiatric care; hospitalization; E.S.T.; laboratory examinations; EKG; EEG; psychological testing; observation and medication; dental care; activities therapies; preparation for high school equivalency test; vocational rehabilitation; individual or group psychotherapy; and medical records. (129)

GILDEA, MARGARET C. L. Some thoughts on the new community mental health centers program. *Missouri Medicine* 61:3, March 1964. pp. 194-197.

A new job category, referred to as mental health worker or mental health aide, would require a bachelor's degree and a year of graduate training. Inservice training in Florida now prepares public health nurses as "school mental health workers." Supervised by local health officers and state personnel, these nurses attend periodic work conferences and workshops to reinforce their original training. (130)

GRAHAM, HARRY A. A new career in socio-psychiatric nursing. *Perspectives in Psychiatric Care* 4:4, July-August 1966. pp. 34-37.

A new job classification, "psychiatric technologist," is proposed to ease the manpower shortage in the mental health field. Training, using didactic and clinical material, would lead to an associate degree in science from a junior college. The technologist would conduct supportive therapy and interact with groups of patients. (131)

LIEF, HAROLD I. Subprofessional training in mental health. *Archives of General Psychiatry* (Chicago) 15:6, December 1966. pp. 660-664.

A five-year undergraduate and graduate program for a master's degree in mental health therapy is suggested to alleviate the mental health manpower shortage. Persons so equipped would be qualified to work in a mental health center under the supervision of a professional. The curriculum and advantages of such a program are examined. (132)

McPHEETERS, HAROLD L. The proposed activities of a community mental health worker. IN *The community college in mental health training* . . . Atlanta, Ga.: Southern Regional Education Board, 1966. pp. 84-86.

The sixty-one activities listed in the following categories were suggested largely by mental health workers in Florida and VISTA volunteers in West Virginia: teaching (3), administration (5), research (2), community action (8), work with individual patients or with disturbed persons and their families (19), consultation to agencies regarding mental health problems (8), and work with or for other agencies to facilitate management of individual cases (16). The educational attainments of the persons offering these ideas ranged from a high school diploma to a master's degree. Some of the duties would require academic or inservice training, but all could be carried out by anyone who has a community or junior college background which included special attention to mental health and community organization and functions. (133)

STEWART, CHARLES A. Middle-level mental health manpower and job functions related to social work. IN The community college in mental health training . . . Atlanta, Ga.: Southern Regional Education Board, 1966. pp. 69-70.

Gaps in services for the mentally ill or retarded can be filled by persons who, though not professionals, still are better prepared than attendants or aides. Such persons can, when supervised by professional social workers, conduct interviews on matters of historical fact; get information from, and prepare abstracts and reports for, other agencies; lead certain group orientation sessions; conduct residence studies; develop and coordinate leisure activities; follow-up former patients in semi-institutions; and assist patients in making vocational preparation, in job-finding, and in making community adjustments. They can also undertake long-term assignments with hard-to-reach multiproblem families. To carry out these duties, they must be able to communicate, to cultivate trust, to accept persons in trouble, and to resist being authoritative and judgmental of clients. These middle-level workers must be adequately trained and supervised; those who perform well should--if they are interested--be guided to complete their undergraduate and professional training. (134)

YEAGER, WAYNE, WILSON T. SOWDER, and ALBERT V. HARDY. The mental health worker: a new public health professional. American Journal of Public Health 52:9, October 1962. pp. 1625-1630.

The initiation of the mental health worker program in Florida is described. Workers who held a bachelor's degree in the field of nursing were assigned to an outpatient psychiatric or child guidance clinic where a staff member acted as consultant and supervisor. Inservice training was an important part of the program. Methods included periodic work conferences and group participation workshops. Other aspects discussed include course content, graduate education, and the problem of role relationships. (135)

NONPROFESSIONALS

APPEL, YETTA. The utilization of nonprofessional personnel in service roles in the provision of mental health services: an exploratory assessment. Preliminary report (prepared for NIMH contracted study PH-43-66-967, utilization of nonprofessional personnel in community mental health settings). New York: Center for Research and Demonstration of the Columbia University School of Social Work. 64 pp.

The conclusion is reached that nonprofessionals can engage successfully in several functions: caretaking, interpreting, linking or bridging, sustenance or social support, and assistance to professional personnel. A model is suggested for integrating the activities of professional and nonprofessional personnel, and it is suggested that a team of several types of workers could, by capitalizing on the range of talents represented, handle the diverse demands of their patients. Chapter titles are indicative of the general content: (1) Scope and Assumptions; (2) Factors Contributing to Use of Nonprofessional Personnel in Service Roles; (3) Impact of Professionalization of Mental Health Services on the Nonprofessional; (4) Need for Social Supports and Service Roles for Nonprofessionals; (5) Effect of Changing Conceptualizations; (6) Need for Entry-Level Jobs by Disadvantaged Youth; (7) Value of Citizen Participation; and (8) Use of Nonprofessionals in Assistant or Adjunctive Roles. (136)

CARELTON, PAT. The socialization process of psychiatric technicians on a psychiatric team. Journal of the Fort Logan Mental Health Center 2:2, Summer 1964. pp. 61-69.

The process is described by which newly employed nonprofessional psychiatric technicians at the Fort Logan Mental Health Center change from being lay people without specific education about mental illness or psychiatric treatment to being full-fledged members of a psychiatric team. The training process has similarities to "socialization", and five phases are noted. The selection process makes the applicant feel that only "special people" are acceptable. The first month of training is a "honeymoon", in which the trainee is made to feel very comfortable and confident. Then comes six or eight weeks when he is not yet an accepted member of the therapeutic team, and is very anxious. In the fourth phase, the trainee becomes a full-fledged member of the team, and completes his formal training. Often a fifth phase then occurs, when the aide thinks he knows everything. This is usually temporary. (137)

Change agents in Boston. PHS World 2:4, April 1967. pp. 14-18.

Described is the philosophy, operation, and effectiveness of the Columbia Point Health Agency, opened in 1965, and run by Boston's Tufts University. The institution represents an attempt to deal with health as a partnership between the poor and professionals--in this case, internists, pediatricians, community health nurses, and social workers. The professional health care team meets daily to define the problems of individual families, formulate plans, and asign duties. Twenty nonprofessionals, called "change agents" because they serve as liaisons between the community and the center, were being trained as community health aides in a "12-week course covering subjects ranging from human growth and development, through mental and emotional health, to communication skills." The students were housewives and mothers, 20-45 years old. They earned $1.50 per hour during the 35-hour-a-week course. They would receive raises after going on the job. With barriers of remote facilities, difficult or impossible transportation, and fragmentation of services removed, the residents have been "drowning the center with demands", thus "knocking into a cocked hat the belief that the poor are apathetic about health care." (138)

CHRISTMAS, JUNE JACKSON. Group methods in training and practice: nonprofessional mental health personnel in a deprived community. American Journal of Orthopsychiatry 36:3, April 1966. pp. 410-419.

To develop therapeutic mental health services for disadvantaged persons, Harlem Hospital trained indigenous aides in various mental health roles. The training methods included weekly observation of group psychotherapy, participation as co-therapists, weekly problem-solving meetings using interactional methods that involved the staff, weekly workshops led by a psychiatric nurse, weekly discussion groups of nonprofessional staff and patients, and monthly meetings for guided discussion of the prescribing and control of medicine. Suggestions for other such projects include: two to three weeks of orientation, on-the-job training, continuous training, group experience, nonprofessional staff meetings, preparation of reports, staff development, individual and group supervision, and participation in an overall department program.(139)

GORDON, JESSE E. Project Cause, the Federal Anti-Poverty Program and some implications of subprofessional training. American Psychologist 20:5, May 1965. pp. 334-343.

There is a lack of people in the helping professions suited by attitude, background, or training to deal with lower-class youth. It is suggested that lower-class people themselves be trained as subprofessional aides and counselors, and that professionals learn how to supervise and utilize them. It is recommended that the agencies in which these subprofessionals are to work train them themselves, but existing such programs are criticized on the grounds that they are but pale imitations of university-type education. "It is the agency's work setting which must be involved if the agency is to do the kind of training for which it is best suited." Methods mentioned include workshops, seminars, and lectures. (140)

HALLOWITZ, EMANUEL and FRANK RIESSMAN. The role of the indigenous nonprofessional in a community mental health neighborhood service center program. American Journal of Orthopsychiatry 37:4, July 1967. pp. 766-778.

The Lincoln Hospital Mental Health Services is trying to develop a comprehensive network of community mental health services in a "highly disadvantaged" area of the Bronx, in New York City. Three Neighborhood Service Centers have been established, each staffed by five to ten indigenous nonprofessional aides and one or two professional mental health specialists. The aides act as bridges between the agency and other community resources and the clients, as friends, and as counselors. Their activities are classified under the following headings: direct services, community action, community education, and social planning. The process by which the aides were selected is outlined, as are some of the problems and advantages of working with them. The training program consists of three weeks of intensive training and two weeks of half-time training. Then, while they work, about one fifth of their time is spent in on-going training. Methods include field trips, role-playing, seminars, and supervised work. Didactic presentations are kept to a minimum. (141)

HOWARD UNIVERSITY INSTITUTE FOR YOUTH STUDIES. CENTER FOR COMMUNITY STUDIES. Community organization for recreation workers (Curriculum Series No. 2). Washington, D. C.: Howard University, 1964. 26 pp.

The highlights of an emergency or "rush" training program in community organization conducted by the Center for Youth and Community Studies are presented. The problems resulting when a training center tries to act on an emergency basis are described. The conceptual base, method of selection, training goals, programs, and problems are discussed. Curriculum materials include a curriculum outline, sample outlines of lessons, and samples of student case material. The curriculum outline covers aspects of community organization practice handled during the first half of the training program. The four sample lessons are: (1) History of Recreation; (2) Goals and Roles of Community Organization; (3) Organizing People in Low-Income Areas; and (4) Community Power Structures. Samples of student case material are typical of the projects worked on by the recreation workers during training. Each case is followed by the teaching principles inherent in it. A selected bibliography is included. (142)

LEVINSON, P. and J. SCHILLER. Role analysis of the indigenous nonprofessional. Social Work 11:3, July 1966. pp. 95-101.

The indigenous nonprofessional has a doubly discrepant role. Similarity of beliefs and values with clients leads to problems in confidentiality and acceptance of supervisory authority and an overly militant reaction to social and political problems. However, identification with the agency's professional workers can produce an intensive drive for middle-class membership (through professional education) and an excessive internalization of professional standards. Implications for utilization of the indigenous nonprofessional in a social welfare agency and for research are reviewed. For example, the structure of the agency can be conceptualized as having three levels, each based on degree of participation in the organization: higher, lower, and audience participants. The indigenous nonprofessional is in the middle position, and examples of lower participants from other professions could be studied for comparative analytic purposes. Indigenous nonprofessionals can be classified as (1) preprofessional, (2) semiprofessional, and (3) subprofessional. Simplification and standardization of tasks for the three categories is an unresolved problem needing research. (Abstracts for Social Workers) (143)

LINCOLN HOSPITAL MENTAL HEALTH SERVICES AND ALBERT EINSTEIN COLLEGE OF MEDICINE. DEPARTMENT OF PSYCHIATRY. *Progress report to the U. S. Office of Economic Opportunity on the South Bronx Neighborhood Service Center Program*. November 1966.

The services and plans of the program are described, with emphasis on the training and role of the indigenous nonprofessional as "mental health aide." Some aides are trained as vocational rehabilitation workers through consultation, observation and joint participation in interviews, demonstration of vocational rehabilitation techniques, and group discussions. The basic training of the aides consists of a period of full-time "core training," to impart knowledge of functions and operations of a community mental health center, low income culture, and specific community structure and personality theory; and to teach skills in interviewing, reporting and record keeping, planning and conducting meetings, and assisting clients in making applications and filling out forms for various community agencies. This is followed by on-the-job training in which half the time is spent in supervision, seminars, and workshops. After this training period, the aide continues to spend about one fifth of his time in in-service training. This involves seminars, lectures, staff meetings, individual conferences, and discussions. The program has developed manuals for trainers, as well as case material and training tapes and films. It has also sponsored training workshops for program supervisors. These were attended by social workers and ministers, as well as nonprofessionals. (144)

MacLENNAN, BERYCE W., JACOB R. FISHMAN, WILLIAM L. KLEIN, WILLIAM H. DENHAM, WALTER L. WALKER, and LONNIE E. MITCHELL. *The implications of the nonprofessional in community mental health* (presented at the 43rd Annual Meeting of the American Orthopsychiatric Association, Inc., San Francisco, California, April 13-16, 1966). Washington, D. C.: Howard University Center for Youth and Community Studies, 1966. Mimeo. 14 pp.

After defining the concepts of mental health and community mental health, and briefly describing mental health problems in modern society, the authors suggest five basic levels of mental health operations which are needed: (1) a review of the values and practices of our society in terms of their implications for mental health; (2) a concern for the psychodynamic implications of social planning and social action; (3) the creation of sound mental health climates within our normal institutions, such as business, schools, recreational facilities; (4) the training of young and adult, lay and professional, in sound mental health principles; and (5) the anticipation and reduction of dislocations and dysfunctions. The remaining sections of the paper examine (a) the implications of the employment of indigenous nonprofessionals for the mental health of the nonprofessionals themselves and for the relationships between them and the rest of society; (b) the effect of such employment on the organization of the institutions which are directly concerned with the mental health of the community (effects on philosophy, approach, amount and nature of their services); and (c) the new pressures for the evolution of a different society which these changes would themselves create. The need for job classification and continuous training for these individuals is stressed. Training at the Center for Youth and Community Studies is only three months long and comprised of on-the-job supervised work experience for half of each day, skill workshops, and two hours each day in a core group for the first six weeks, reduced to 4-6 hours a week the second six weeks. The training program provides a structured milieu treatment and the core group is a remedial and therapeutic group. When institutions and agencies are reorganized and new educational models created, the nonprofessional role may become the entry route for most human service personnel, with work experience as part of the school day at junior and senior high school levels and nonprofessional roles occupied by personnel from a variety of backgrounds. (145)

MacLENNAN, BERYCE W., WILLIAM KLEIN, ARTHUR PEARL, and JACOB FISHMAN. Training for new careers. Community Mental Health Journal 2:2, Summer 1966. pp. 135-141.

Socially deprived youth can be trained to assume new roles in the human service fields as "human service aides." A training program for such aides is described. Youths selected for the program spent six weeks in intensive training consisting of half of each day spent in supervised work experience, skill workshops, and a daily core group which lasted 2-3 hours. This was followed by a 3-6 month period during which the aides worked under intensive supervision with two core group periods a week and continuing weekly workshops. The core group, specialty workshops, and supervised on-the-job experience are all described. Among the other aspects of the program discussed are the selection and training of instructors and supervisors. (146)

MITCHELL, LONNIE E. Training for community mental health aides; leaders of child and adolescent therapeutic activity groups (report of a program). Washington, D. C.: Howard University Center for Community Studies, Institute for Youth Studies, May 1966. 25 pp.

In August 1965, the Institute for Youth Studies at Howard University initiated a research demonstration project to train local youth as community mental health aides. It used facilities at Baker's Dozen Community Mental Health Center for Adolescents in Washington, D. C. As a result of the training program, the institute proposes to demonstrate that trained local nonprofessional youth can provide a significant positive mental health influence on a severely deprived peer group. Chapter titles and major contents are: (1) General Conceptions (background and rationale; situation criteria for trainees; role of mental health aides; design of the training program); (2) Classroom Curriculum (orientation; the world of work; the community, human growth, and development; concepts of mental health; community mental health; group intervention and group management; report writing; physical health needs; group activity programming; intake procedures; interview and observation techniques--recording); and (3) On-the-Job Training (purpose; intake procedure; the case record; group management; group activity; programming; supply and equipment: audiovisual aids; supervision--individual and group; remedial skills). Appendices include a list of selected mental health films and examples of training program schedules. (147)

PALMBAUM, MAJOR PAUL J. Apprenticeship revisited. Archives of General Psychiatry (Chicago) 13:5, October 1965. pp. 304-309.

The inservice training of enlisted men as mental hygiene consultants at Fort Devens, Massachusetts, is described. Instruction includes six weeks of on-the-job training with pragmatic readings, observation, and supervised experience. After the period of formal training, the enlisted man attends two seminars a week with the entire staff and makes regular contributions in the form of book or article reviews. Problem-solving discussions are also held. The author delineates six principles useful for those using nonprofessionals: (1) the culture must believe in it and sanction it; (2) supervision must be adequate; (3) professionals must be available at all times for assistance; (4) the intramural training must be on-going; (5) the professional must be willing to accept ultimate responsibility; and (6) all concerned must expect professional performance from the nonprofessional. (148)

PEARL, ARTHUR and FRANK RIESSMAN. *New careers for the poor: the nonprofessional in human service*. New York: The Free Press, 1965. 273 pp.

Training the poor for nonprofessional jobs in human services could enable society to cope with poverty by making it possible to hire the poor to serve the poor. Creating large numbers of nonprofessional jobs in mental health, research, and welfare would improve service for the needy, develop new careers, and mitigate the scarcity of workers in these areas. Issues likely to attend such an undertaking are discussed, and techniques of training are suggested: role-playing, reading and writing assignments, individual and group supervision, developmental assignments, discussions, films, and debates. There is a 52-item bibliography. (149)

THE PRESIDENT'S COMMITTEE ON JUVENILE DELINQUENCY AND YOUTH CRIME. *Training for new careers; the community apprentice program developed by the Center for Youth and Community Studies*. Washington, D. C.: Howard University, June 1965. 107 pp.

The Community Apprentice Program may be an effective method of psychological prevention and rehabilitation for disadvantaged youth. This program provides possibilities for advancement and integration into society and has therapeutic value in the personal and social adjustment of these youths. The training program shows how the utilization of underprivileged youth in helping professions such as education, welfare, and health both alleviates the manpower shortage in these areas and makes employment more readily available to the disadvantaged. Specific attention is given to (1) methods of referral and selection; (2) the Core Training Program; (3) specialty training; and (4) job and staff development. Appendices include curriculum outlines, sample position descriptions for nonprofessionals in human services, and a bibliography. (150)

RIESSMAN, FRANK. The new community-based nonprofessional mental health aide. *Journal of the Fort Logan Mental Health Center* 3:3, Winter 1965. pp. 87-100.

Indigenous nonprofessionals can free professional personnel from routine tasks and can more easily communicate with large sections of the population, particularly the poor, than can the professional. The Lincoln Hospital Mental Health Service maintains three Neighborhood Service Centers, each staffed by five to ten indigenous nonprofessionals. The role of these aides is discussed, as are their selection and training. The training consists of a three-week pre-job course in interviewing and in becoming able to utilize agency resources. Role-playing, field trips, and supervised experience are the methods used. The second phase consists of supervised work each morning followed by discussions each afternoon. After three weeks of this, they begin to work full time, but with continuing inservice education taking about one fifth of their time. (This program is also described in an article by Maya Pines, "The Coming Upheaval in Psychiatry." *Harper's Magazine* 231:1385, October 1965. pp. 54-60.) (151)

TRUAX, CHARLES B. The training of nonprofessional personnel in therapeutic interpersonal relationships. American Journal of Public Health 57:10, October 1967. pp. 1778-1791.

"Available evidence suggests that professional personnel need training in interpersonal skills to enhance therapeutic effectiveness. The addition of nonprofessional personnel makes the provision of such training even more imperative. This report presents a wide range of programs that endeavor to provide such skills and deals with evaluation of results." Forty-six references are listed. (This article was located too late for indexing.)

U. S. NATIONAL INSTITUTE OF MENTAL HEALTH. Pilot project in training mental health counselors (Public Health Service Publ. No. 1254). Washington: U. S. Govt. Print. Off., 1965. 34 pp.

In 1960, the National Institute of Mental Health began to test the hypothesis that carefully selected, mature people can be trained within two years to do psychotherapy within certain limitations. The process by which eight trainees were selected is outlined in detail, as is the training program. In the number of hours spent, the program was the equivalent of at least 1½ years of graduate study. Included was practical work and supervision at NIMH and at community placements, which entailed individual sessions with the trainers, therapeutic interviews with controls and with actual patients, and listening to tapes of these interviews. Other training techniques were lectures and seminars, observation of individual, family and group interviews, and outside reading and report writing. Methods by which the training program was evaluated are described, and it is concluded that other programs of this sort are needed and practicable. (This project is also described in an article by Thomas M. Magoon and Stuart E. Golann, "Nontraditionally Trained Women as Mental Health Counselor/Psychotherapists." Personnel and Guidance Journal 44:8, April 1966. pp. 788-793.) (152)

VOLUNTEERS

BARTHOLOMEW, ALLEN A. and MARGARET F. KELLEY. The Personal Emergency Advisory Service. Mental Hygiene 46:3, July 1962. pp. 382-392.

A description is given of the setting up and first twenty-three months of operation of the Personal Emergency Advisory Service in Melbourne, Australia. Topics included are the purpose of the service, publicity, use of volunteers, training for volunteers, loss of volunteers and replacements, working techniques, distribution of phone calls, types of callers, action taken and advice given, and the correspondence service. The training program for volunteers consisted of weekly 2½-3-hour sessions over a period of twelve weeks in a clinic and in a hospital. The course contained five lectures for the first five weeks, given by members of the psychiatric and social work professions. The subjects covered were: (1) structure and functions of the department of mental hygiene; (2) general structure of the social services in the community; (3) symposium on aspects of the work of certain clinics and receiving hospitals within the department; (4) the aims and purposes of the Personal Emergency Advisory Service; and (5) interviewing techniques. The following six weeks consisted of group discussions and role-playing, using hypothetical problems. These were led and supervised by social workers. The final session was a summary of previous training and an opportunity for questions. Monthly "post-graduate" meetings were held for all volunteers. These were devoted to domestic matters and a lecture given by a person knowledgeable about some aspect of social services. One-hundred-thirty volunteers completed the program. It is believed that the course has been effective. (153)

CHAPLAN, ABRAHAM A., JOHN M. PRICE, JR., ISADORE ZUCKERMAN, and JON EK. The role of volunteers in community mental health programs. Community Mental Health Journal 2:3, Fall 1966. pp. 255-258.

Described is the volunteer program of the Community Psychiatry Division of the Queens Child Guidance Center. Volunteers from philanthropic and other organizations, and from the lay board of the center, were given a training program consisting of fifteen 2-hour seminars which covered normal and abnormal child development, cross-cultural differences, the effects of cultural deprivation on personality development, and a clarification of the goals of the Division to the participants. The volunteers then participated in discussions with key community leaders, and they went out to work with children in various programs, discussing specific problems with the community psychiatry staff at regular seminars. It is concluded that volunteers should actively participate in program planning and that communication between the volunteer and the community rather than the professional worker and the community is most effective. (154)

COOPER, MORTON and CURTIS G. SOUTHARD. The mental health exchange: an important function of a community mental health center. Community Mental Health Journal 2:4, Winter 1966. pp. 343-346.

Residents of Montgomery County, Maryland, have access to a Mental Health Center at which they receive counsel and information on mental problems from a team of psychiatrists, psychologists, social workers, public health nurses--and a group of volunteer women who have been trained as mental health aides. This "Mental Health Exchange" has open house twice weekly to discuss community interests and concerns. Guests, who need not be patients to get answers to questions, speak not only with the professional staff but with the volunteer mental health aides who are perceived as neighbors and friends. This service gives, with minimum professional staff, clinical service to a large number who could not be reached in more conventional ways. The aides' training includes lectures, assigned reading, case study, and role-playing. Coffee breaks enable the trainees to talk among themselves and with the staff on an informal basis. Emphasis is on creating an accepting and supportive atmosphere, offering suggestions to trainees to help them in decision-making, and exchanging ideas on a variety of mental health problems. (155)

HIRSCH, SOLOMON, DORIS L. HIRSCH, and AUBREY SHANE. Psychiatric care for lower class out-patients. Canadian Psychiatric Association Journal 10:4, August 1965. pp. 291-297.

Seven female volunteers were given a short lecture course and field experience (which included a weekly supervised session with a patient) in the out-patient clinic of the Halifax Mental Health Association White Cross Center. Initial results suggest that volunteers can adequately treat some patients and that observing their work could disclose useful information on the therapeutic process. Other topics discussed are background literature on the out-patient setting and the incongruity of emphasis on massive community psychiatry and the inability to provide service. (156)

ROCKEFELLER, MRS. WINTHROP. Role of the mental health worker as a medium of interaction. American Journal of Psychiatry 122:9, March 1966. pp. 1004-1007.

The mental health team should include the trained volunteer under the supervision of appropriate professional personnel. Efficient use of volunteers frees professionals from routine work, but this efficiency can be attained only through improved supervision and written standards for the training and use of volunteers. Job descriptions are essential. Volunteers can interact with the community and influence community attitudes toward mental health. The direction and leadership of psychiatrists is, however, indispensable. (157)

URBAN AGENTS

KELLY, JAMES G. The mental health agent in the urban community. IN Group for the Advancement of Psychiatry. Urban America and the planning of mental health services (symposium no. 10). New York: GAP, 1964. pp. 474-494.

Much research should be done on the role of "urban agents" (bartenders, apartment house managers, barbers, etc.) in helping and hindering the mental health of the urban dweller. Their role is particularly important for the lower classes. Mental health professionals (psychologists, psychiatrists, social workers, and nurses) should study the role of the urban agent and should try to increase his effectiveness. (158)

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